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St. J.

26 June





A SHORT TREATISE  
ON THE SEVERAL USUAL FORMS OF  
**DROPSIES:**  
AND, ALSO, ON  
ASTHMA, EPILEPSY, CHRONIC LIVER  
DISEASES, &c., &c.  
TOGETHER WITH A NUMBER OF  
Recipes, Beneficial in Various Diseases;  
TO WHICH IS ADDED, A  
NEW PATHOLOGICAL VIEW OF PULMONARY  
CONSUMPTION.

ALL WHICH IS ORIGINAL WITH THE AUTHOR.

“A man who works beyond the surface of things, though he may be wrong himself, yet he clears the way for others, and may chance to make even his errors subservient to the cause of truth.”—BURKE.

THERE IS ALSO APPENDED,  
AN ENGLISH TRANSLATION OF THE RULES BY WHICH  
SOME MEN JUDGE DISEASES BY WHAT MAY  
BE SEEN IN URINE.

BY DR. JOHN S. FALL.

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ATHENS.  
CHRISTY, KELSEA AND BURKE.  
1851.

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Entered according to the Act of Congress, in the year 1851, by  
Doct. JOHN S. FALL, in the Clerk's Office of the District Court,  
for the Northern District of Georgia.

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Power press of Christy, Kelsea & Burke.



## ERRATA.

- 10th page, line 7th from top, "whereupon" should be wherefore.  
15th page, line 8th from top, "gustations" should be gustatory.  
24th page, line 16th from top, "venal" should be renal.  
28th page, line 12th from top, "aosta" should be aorta.  
42d page, line 18th from bottom "domestic" should be diuretic.  
45th page, line 2d from top, "structure" should be type.  
45th page, line 2d from top, "serous" should be serious.  
45th page, line 10th from top, "chylopoietic" should be chylopoietic.  
48th page, line 17th from top, "prepared" should be preferred.  
62d page, line 6th from top, "living" should be livery.  
69th page, line 6th from top, "only" should not be read  
72d page, line 4th from top, "water producing" should not be read.  
72d page, line 15th from bottom, "compatible" should be comfortable.  
75th page, line 4th from top, "lima" should be linia.  
75th page, line 15th from top, "acriminous" should be acrimonious.  
75th page, line 17th from top, "expoliated" should be excoriated.  
87th page, line 4th from bottom, "two" should be one.  
106th page, line 3d from bottom, "contracted" should be counteracted.  
120th page, line 9th from top, "constitute" should be contribute.  
124th page, line 2d from bottom, "my" should not be read.  
133d page, line 14th from bottom, "or" should be that.  
154th page, line 17th from top, "homoptic" should be hæmoptic.  
159th page, line 5th from bottom, "Cornell" should be Laeneck.  
164th page, line 12th from top, "nearly" should be merely.  
171st page, line 8th from top, "then" should be there.  
218th page, line 17th from bottom, "if" should be unless.  
223d page, line 10th from bottom, "nocturnal" should be natural.  
237th page, line 14th from bottom, "whereupon" should be wherefore.  
270th page, line 25th from bottom, "pynexial" should be pyrexial.  
272d page, line 8th from bottom, "visatergo" should be vis a tergo.  
165th page, line 14th from top, "primavia" should be primæ viæ.  
241st page, line 5th from bottom, after *copaiva*, add *laudanum* in quantity stated above.  
42d page, line 2d from bottom, "at night" should be at eight.

APPENDIX

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## PREFACE TO COMMON DROPSY.

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I HAVE now, August, 1849, practised in dropsical affections, on this my new plan, thirty-three years; in the course of which time, I have attended quite a great number of dropsical persons—a *great* number, when it is remembered that I practised all the while in a private capacity, and in an open back country. Still, under these disadvantageous circumstances, I have attended between four and five hundred persons. A majority of these, too, were old cases, and came to me, after they were worn out, and many of them, apparently near death, under the treatment of our public authorities. Such persons are always much prostrated, and too much reduced in constitutional capacity, to bear active treatment; while still, however, the inflammatory, internal and original cause of the dropsical effusion, is left unremoved. Such persons can, of course, now hardly bear treatment active enough, to break up the inflammation, which almost always exists with persons who become dropsical; and this inflammatory derangement must be removed, before a permanent cure can be effected.

Some of this sort will always be lost; and some such died with me, but not exceeding eight or ten, at most. Now, eight or ten cases, of between four and five hundred, is a small number, and would be so considered, in diseases of much less mortality than what prevails among dropsical subjects, of long standing. I think it may now be fairly said, that



the terror of one more mortal disease is removed, and that for the future, no one need be alarmed, who finds himself becoming dropsical.

I will take it for granted, that all candid men of the profession, and men of intelligence and observation, even out of the profession, will excuse me, when I say, that in making the selection of medical articles that constitute my diuretic, I had but very little reference to their peculiar and known sanative qualities; but selected such only as I found recommended in my dispensatory, and those said to have been used, in attempting to cure dropsical persons; and that I did not apprehend the bearing that the several leading articles of that compound have, and do exist in such cases; nor that admirable fitness and fullness which is now known to be possessed by the composition, to meet the demands of a system under such derangement as constitutes liability to fall into dropsy. These things—this perfect fitness—I confess, I did not beforehand appreciate or apprehend, by any means not to their full extent; wherefore it may be said with propriety, that the discovery was fortuitous; and I claim no distinction as a discoverer among medical men, for improving, in this particular disease, the science of medicine. My discovery was fortunate—this may be said with propriety; and thousands of the human family may live to bless God for directing me to the discovery of it.

In the early part of my practice, with this my new remedy, I was repeatedly on the very verge of giving it up, as not suited to all forms of dropsy. Some I had cured with it, and permanently cured, too. This I was certain of. But, before I noticed that the diagnostics of several cases might be quite different in different persons, as they often are, I re-

peatedly met with trouble and tedious cases; and about this time I observed, too, that some subjects, either by the action of the disease on the system, or from peculiarity of constitution, are in a condition fitly prepared to be readily acted on by diuretics, without any further preparation; while the systems of others must be reduced and brought by art, to the secreting point, before diuretics can be gotten to act with effect on the kidneys. After I took notice of this, I gathered strength, and soon found that, with my new remedy and other preparatory treatment, I could cure all varieties of cases—having observed that persons whose pulse was feeble when I first found them, were certain to do well; while persons of inflammatory pulse, were slow to become diuretically affected. As soon as I had clearly seen this difference, the cause of backwardness of some of my cases, was satisfactorily apprehended. This inflammatory unfitness of the system, I all along afterwards endeavored to remedy by reducing excessive arterial action. In many cases it is necessary all through treatment to watch over this tendency in the system, and if found excessive, as one often will find it, it must be immediately met and subdued by suitable antiphlogistic treatment.

Much more might be added here, of matter calculated to elucidate my practice in the use and application of my remedies, in dropsical cases, but I prefer to add no more, both because this section is not intended so much to give my practice in treating dropsies, as merely to give a sketch of the history of the discovery, and gradual development of my new mode of treating dropsy; and besides this, in my notes, under the several different forms of that disease, I treat specially and somewhat critical-

ly, on treatment, and, withal, as I think, sufficiently diffuse on the various forms of it, and occurrences that may evolve in the course of treatment. It is true, and I might now render it as an apology for being so prolix, that when, at any time, I come into the neighborhood of my dropsical treatment, I seem to dwell long on it here and elsewhere, because, in giving to the world my practice in that disease, I constantly feel as if I could not make that too plain, or even plain enough, nor say too much about it; moreover, I am perfectly aware, that in the right application of the various remedies, lies the soul and efficacy of my discovery.

I believe that medical men will, generally, incline to think that they do too little, when they give my medicine; even when they give it full free enough. The human system can bear only a gradual reduction, from a disordered, back to a healthy state, and hurry or excessive haste; will do violence to a tender organ laboring under disease. Notwithstanding what is now said is strictly true, yet it is also true, that some constitutions bear my diuretic better than others, and in good practice require to have more given them to answer the needful purpose. This, however, the physician himself must determine by the pulse and the effect of the medicine on the general state of the system.

It was long my fixed intention never to write and give my views of the etiology of dropsy, together with my treatment of it, to the world; and the time was, that I had nearly as willingly yielded up my life, as to undertake and write, or attempt to write, as I now have done, something like a minute detail of the state of the system that gives rise to dropsy, and containing a view of what I think is the requisite state of the system generally, and



the blood vessels in particular, that qualify the exhalents to make a deposit. In trying to accomplish this part of my design, no doubt my views and notions may often clash with the views of other practitioners. To suppose so is natural, and neither to be wondered at nor excepted to. To possess systems of thinking, theories, well based principles and opinions, why a disease exists, and why a disease exists just when it exists, and in the manner it does, is desired to be understood by all physicians. Yet different men may, and indeed usually do, take up different and often opposite ideas. Yet every reflecting practitioner has, and partly must have, some notions, as governing principles, which he thinks correct, to guide him in practice.

To keep under wildness of imagination, and in some degree regulate and systematise the science of medicine, wise and benevolent men have, from time immemorial, sought to benefit the world with an exhibition of their labors and researches, in the shape of pathology of the various diseases incident to man. These efforts and exhibitions of our learned men, in medical erudition, ought, and in some subordinate degree do, direct and control the views of practical men in the healing art. This subjection of our views, as practitioners of medicine, to the statements of our pathologists, is to be understood, however, in only a somewhat qualified sense. Entire perfection in any science has, perhaps, not yet been attained; and especially will the science of medicine be slow in evolving its arcana: because, besides the dissimilarity that attends the law of animal life, both in health and in sickness, the influence on health, in consequence of geographical latitude, and other localities, will always operate, a difficulty in the profession of medicine.

I always had, or firmly thought I had, several strong reasons for not being willing to write my thoughts on, and practice in, dropsy, although often requested to do so by my medical friends and others. One, and indeed a principal one of the causes of my tardiness to write on that subject was, my having always been a private practitioner, consequently never had, in the course of my medical life, any, or at all events but very few, opportunities of examining the condition and state of the viscera *post mortem* of persons who had long labored under such derangements of health, as ultimately terminated in dropsy; and thus having nothing, in a manner, to support my opinions, besides my own observations and deductions, drawn from current evolvments in the course of my treating cases, it is dry business and up-hill work, to write under such circumstances. However, after I obtained my consent, I entered upon it with a perfect determination to write only what I might think right, on the subject I had now undertaken to treat of, entirely regardless of other men's opinions about the matter; and so far as I have written exclusively on dropsy, either of its theory or practice, I can say that I never looked into a book to obtain from it one individual idea. I agree that my writing betrays that fact. It is old-stylish. My language, however, is such as seemed most familiar to myself, and I thought would be generally understood. To exhibit my meaning and convey my ideas with clearness, was more my object than style of language; and in this, I think I have succeeded satisfactorily.

It may be objected, that in giving my views of the general state of the system, and especially the condition of the vessels of that part of the body about to become the point of effusion, I represent

the vessels, both circulatory, secretory, and excretory, as being always, and in every instance of effusion, in the same or similar condition. I reply: This is indispensably necessary to form a dropsy at all. Vessels in a healthy state, will be accompanied with secretions and excretions that will observe the law of healthy action. Now, in effecting a dropsical deposit, it is usual, nay, it is even indispensably necessary, that the exhalents effect a more copious separation of serum, from the circulating fluid, than takes place in health. To qualify the vessels to furnish this heavy supply, I have shown that all the destined depurators, viz. the absorbents, the insensible pores, the kidneys and the bowels, were inactive, and that there pre-existed a febrile state of the system, of low degree, which supplies the fluid at the point of deposit, and tends to enlarge the diameters of the exhalents. And this low excitement is, in its nature, favorable for effecting a large deposit from vessels, under this quality of unhealthy action. And thus, this sameness of that part of the human system that becomes the point of effusion in all forms of dropsy, is the reason, and ought to be a satisfactory one, why the same remedies and treatment, or very near the same, will equally answer in all the forms, and experience proves that it does so.

I have attended a great many dropsical persons, and a considerable number of each sex—some stout ones and some weak, of both sexes; and I have often thought that I had seen all possible varieties of apparent affection of the heart and pulse; but from the action of the heart I never attempted to learn any thing further than what the pulse at the wrist would indicate; except some ten or fifteen, in whose cases the heart thrust the effused



water, collected in the chest, with such violence against the ribs, that I put my hand to the chest, but the agitation in the breast was so violent that a shudder, which came over me, forbid me keeping my hand long there. But I never applied, only in a very few instances, and those not of the most aggravated kind, either my ear or stethoscope—whereupon, I can now say nothing, as regards the indications which the action of the heart would have dictated. I treated all as hydrothoracic patients, and *all* got well, and the state of the thorax became composed, as is usual in health.

Whether any of the persons now alluded to, whose hearts performed so very irregularly, had any lesions or great structural derangements of the heart, of the blood vessels, or valves near the heart, I am not able to say. All I can say is, *they got well*, and remained so. Now, it is not fit for me to talk of these things with perfect certainty; neither do I believe that any one else can tell, positively, by auricular examination, the condition a heart of this sort is in at the time of examination, if, by subsequent treatment, the subject of these affections is gotten well, and the heart and vascular system all act right and healthy again. If one should die, then, of course, the state of the heart can be ascertained. Then we must admit that, among the great number of patients who had wonderfully great, and variously deranged pulses and actions of the heart, it strangely so happened, that there was not one among all, of hypertrophy, either of the ventricles or auricles, or other great structural derangement upon or near the heart. This is hard to admit. Then I will only say, that this should have happened so, would seem to me very surprising, provided these structural derangements are indeed as common as

represented by some late writers of high standing. Now, take all these things together, both as delivered to us by our writers, and as we find them in practice, and I must say, much mystery and indefinable uncertainty, attend them. And, as I think it of no great practical importance to try to know with certainty what is indeed impossible to be known, as long as the patient lives, I satisfy myself respecting these difficult matters, by knowing that my treatment will correct and set to regular action, astonishingly great cardiac disorders and turmoil in the chest. I do not aim to cast reflection on men writing large books and telling the world a great deal, but which, in point of practice, perhaps, avails nothing. They do it in a way of evincing a great deal of science. But my earnest opinion is, that our pathological, and, of late, our practical writers too, are *too wordy*.

Another cause I felt strongly to influence me in determining not to write, and that was this: (Even in medicine, there are men of small souls,) after it became somewhat public that I had discovered a better and more successful treatment for dropsy than was common, I was looked at and treated by these *little big men*, with evident unsociability. This I felt and believed I had not deserved at their hands. I thought it unkind and ignoble in them, and I hardened under such treatment, and stiffened myself, within myself, and determined to leave the world, so far as dropsy was concerned, exactly as I found it. Having my family to support by my professional income, I began to see, soon, that by my superior skill in managing dropsies, I obtained more and more of that kind of custom. This, and all such little tributaries, are welcome to a *poor doctor*. But it is due to the profession, that I also state here, that

I have met with men of magnanimous souls, who appeared rejoiced that a better and much more successful treatment of that hitherto too uncontrollable disorder was found out. And these were the men who requested me to leave my opinions of the dropsy, and my practice in it, in writing, before I died. I dare not say that this last cause for not writing, was strictly justifiable, but believe I may say it was a good deal like frail human nature. At all events, I acted a long time under its influence.

Another cause, and not the least, that deterred me *much* from writing, was, that I anticipated great and insuperable difficulty in bringing my practice before the public in a lucid and intelligible manner. It is difficult to effect this well; and I am not certain that I have done it perfectly well now, after I have attempted it, and in the best way I was able to devise. I always feared it would be much mixed together, consequently hard clearly to discern. Much—I would fain hope all—this so much dreaded jumble is avoided, by the method I took in bringing out my practice, from day to day, and in these statements, bending neither to one circumstance nor to another, in my text, or daily practice, but when variations, cautions, or any such thing was necessary to be observed, I placed that separate from the body of my directions, in a note. As it now comes before the public, my practice, as such, may be seen unmixed, and in regular order; but many important observances may be seen in the various notes accompanying the text, and which the practitioner must keep well in his eye, and strictly observe.—These cautions and particular directions, contained in those notes, will only require to be re-read a few times, which, together with a good pathological understanding of the disease, and the power and



operation of the remedies, will soon enable a practitioner to conduct a case through to perfect health, with ease.

To aid further in practice, I give daily statements of the condition of the several viscera implicated, and believed to operate as the cause of the dropsical effusion now under treatment. I made daily statements from personal presence and observation. This I did usually, twice each day, giving, each time, a particular account of the state of my patient; the state of his pulse, the action of the several emunctories, the state of his nerves, in regard to rest and sleep of nights, if that was important in the case under treatment, &c. Besides one may in those statements, see my treatment, which I tried to adapt, as well as I could, to the requirement of my patient. These cases that are given, were cases of more than ordinary derangement of the several structures concerned. Cases of dropsy are bad, or not bad—difficult, or easy to manage, and restore the system to good sound health, according to the degree and extent of the visceral derangement. The functions of these diseased viscera must indicate their soundness or unsoundness. This visceral derangement, whether structural or functional, will, usually be worse, in proportion as the disease has been of long standing, or not long. And this is not always graduated by the time of the commencement of the effusion. A viscus or structure, may be long in a state of derangement, and often is long so, before effusion takes place. It may be far gone, and disease firmly fixed on it, long before the vessels become prepared to deposit serum copiously. And this long continuance of derangement fixed upon a structure, is a principal cause of producing a bad case. I am quite confident, too, that tem-

perament exercises much influence on the character of the disease. Phlegmatics are much the most easily cured. Bilious, or choleric persons, will be found most difficult.

I can now only say, in addition, that so far as I have been able to think of what might be beneficial to a man, who wished to treat cases of dropsy with my medicine, and on my plan, I have put all down, where I give my practice. Still, no doubt, some things may be omitted, being esteemed by me, utterly unnecessary, which might, notwithstanding, be of great use to a person just beginning to operate with my medicine. I being the originator of the medical composition, which constitutes my diuretic, and having now practised with it, on dropsies, 33 years; and having had, and passed through much difficulty, in adjusting my treatment, to evolving indications, a part of that time, to wit: at first, during several years, before I could get all my cases to do well; but having gradually discovered a knowledge of the proper preparatory treatment required, besides merely using my compound, and formed right notions of a fit state of the system, under which the diuretic will be apt to take effect, and act kindly, as a diuretic, and restore the healthy and equable circulation, to the circulatory vessels, which was long lost; and set to right and healthy action, all the secretory and excretory vessels. These things are all so familiar, and well known to me, now, that I may think—in some little things—it would be no benefit to mention them, and withal it would seem to make all more tedious, when yet, with some at least, it might be useful. But on perusing what I have said on practice, I see nothing omitted that might be useful. There may be nothing omitted.

Remembering the propensity in man, to improve

on original discoveries, and that improvements may be attempted on this discovery of mine, is, at least, very probable—I will not say, that my composition is incapable of improvement. In point of taste, it no doubt might, and perhaps ought to be attempted to be improved; thus, it would become a much more eligible medicine, and more agreeable, and suited to persons of somewhat fastidious gustations, and also quite young persons. So indeed I always thought. But just as it was, in its crude and original state, in which I first used it, and found it answer a valuable sanative purpose, I used it on, in all sorts of cases, being content, more, with its excellent effect, than its uncouth taste; and never attempted to improve it, even in that somewhat desirable particular, the taste. This improvement, I think, might be effected, without detriment to the salubrity of the medicine. I would be sorry to see efforts made to vary the components of my diuretic much, because, very likely, thereby it might be rendered abortive, or say the least, less efficacious.

And now, adieu my little book. I can only solicit for you, from the public, as friendly a reception, as you possess intrinsic worth; and this, I feel no fear, you will obtain, because I know you will bear the test of a fair and faithful trial, as well as any thing that ever was sent abroad, in as coarse and homely trappings, as you are sent on pilgrimage in. You will meet, occasionally, with warm-hearted friends; they will be delighted to see you; will give you a cordial reception, and take you to their own residence, and make you their occasional companion, to learn what you may have to communicate to them. No doubt, you will also often get among strangers, who are perfectly unacquainted with you; but be not dismayed, and wait patiently; on further ac-



quaintance and intimacy with you, friendship and respect for you, will grow apace; and even among such, you will come to be held in high esteem.

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## ON THE CAUSE OF COMMON DROPSY.

It is the duty of every professional man, to combat such opinions in science, as are either not founded in truth, or would be pernicious in practice. The embarking as author, under any circumstances, is a matter requiring serious deliberation, but more especially when it is the design to attack preconceived and long established prejudices, and to advance new opinions, upon a subject, considered no longer doubtful. Dropsy, from high antiquity, has appeared as one of the greatest scourges of man; not because of its more frequent recurrence, but from its almost unerring certainty to destroy. It may therefore readily be supposed, that it early engaged the attention of the wise, the good, the scientific, and the philanthropic. It has not failed to do so, in each successive age, down to the present day. And with what result? As wave succeeds wave, so theory has followed theory, in quick succession. Each has had its host of admirers, its period of culmination in the zenith of popular favor, and its subsequent obscuration. But it is sincerely hoped, that

each succeeding light may "shine brighter and brighter unto the perfect day."

Having imbibed the opinions, the principles, the theory, and consequently the practice of the most approved writers of that day, on the subject of dropsy, for the first ten years of his professional life, the writer of this, followed implicitly, the then prescribed plan of treating dropsies, in all cases that came under his treatment, and with about the usual degree of success.

From fortuitous circumstances, not perhaps fully comprehended by the writer himself, an unusually large number of dropsical cases presented themselves, for advice and treatment. Each succeeding application but the more excited his abhorrence of assuming the responsibility to administer to a patient whose condition, from painful experience, he distrusted his ability to meliorate—the final and fatal issue of which he could but too often prognosticate—death, or at best a relapse.

The truly conscientious physician, who is satisfied that he has exhausted all the resources of his art, and dismissed his patient with some hope that he is cured, does certainly experience feelings of no very enviable character; such indeed as language fails to express, when he sees his patient return again, imploring him for aid, and this with such evident marks of skepticism, and distrust of his ability, radically to remove his disease, as are not to be mistaken. To be professionally compelled to attend a fellow mortal, laboring under *any* disease, after all hope is extinct, or be fully apprised from the commencement, of its intractability, and yet importuned for help, and looked up to, by the patient and his friends, as the only person, under God, through whom help has to come, is a situation so

exquisitely painful, that language fails to impart any tolerable idea of it. Yet these feelings, doubtless, constitute a part of the experience of every medical man.

The Faculty, and indeed the observing portion of the uninitiated, are equally familiar with the fact, and it would be as unnecessary as insulting to the intelligence of either, to dilate upon it, that medical men either will not radically and permanently cure confirmed cases of dropsy, or they can not. To suppose the former to be true, would be to cast an imputation of malignity upon the members of the most God-like profession, whose benevolence is unbounded, and whose charities are co-extensive with the animate creation. No rational man doubts for a moment, that the physician exerts his utmost skill, taxes his own brain, and with avidity avails himself of all sources of information in his grasp, successfully to cope with, and avert this shaft of the "destroying angel." And yet alas! how seldom, how *very seldom* are his efforts crowned with success! The skilful and scientific, as also those of more ordinary pretensions, all fail. Even in cases of considerable functional derangement of some years persistence, in any of the organs most essential to life, there will usually be failure. In cases of organic lesion of any considerable extent, failure is certain.

This truth is therefore forced upon us: That very much yet remains to be known in regard to the treatment of dropsy, with success; and that its etiology remains obscured with a misty veil; and that midnight darkness covers the whole. Notwithstanding this, however, there is perhaps not a malady in the whole nosological catalogue that has more closely, critically, and philosophically engaged the



inquisitive of the healing art, and other men of science, from the earliest dawn of light on medical science, down to the present time, to ascertain, and in a satisfactory manner explain, what secret agent or agents, are concerned in evolving a case of dropsy, and of perpetuating it, if once formed. Whether this *mysterious and very subtle* agent has indeed yet been discovered, and its agency reduced to system, is doubtful. And whether, if known, the practical advantages gained thereby, would be at all commensurate with the labor they bestowed, is very problematical.

Every medical man whose opportunities for observation have been sufficiently ample, is prepared to admit, that much uncertainty still attends the remedial treatment recommended in dropsy, and that the adaptation of the means to accomplish the object desired, is not, at all times, adequate. And why is this so? A slight examination of the case will suggest to the inquiring mind, that there must be some defect in the pathology of the disease in question, that its true nature has never hitherto, been fully comprehended; and consequently its rational treatment never pointed out. "If the fountain be corrupt, the whole stream must be impure." No disparagement is here intended to any man, or the profession; yet, while I yield a becoming respect to the opinions of others, I claim the privilege of reserving to myself, the free and bold expression of my own. Perfection does not belong to man, else there would be no arcana in nature. The march of science, however, is onward, with bold and rapid strides, and her votaries are almost daily heralding the trophies of some new victory. Only a few centuries ago, many of those maladies now considered so simple, so well understood, and rendered reasona-

bly amenable to art, lay enveloped in mystery and impenetrable darkness. And if the Doctor, for want of better understanding; it may be, failed to relieve persons suffering under any of those diseases, he, as a justified character, was willing to admit, that some evil spiritual agency might be at work in the case!

It is the design of the writer, in the course of the pages that may follow, to endeavor to shed some new light on dropsy generally, but particularly directed to the remedial management of that disease, which treatment he professes to have discovered, and as far perfected as the means afforded by a private station, would permit. And he indulges the belief that under his plan of treatment, as great a ratio of those afflicted with dropsy may recover, as do in any other serious complaint. This he is aware is strong language, when compared with what is now common in dropsy, and may, by many, be received with incredulity, but it is nevertheless strictly true, and if so, then indeed we may say: That one more terrific scourge of our race, is shorn of its terror, and another proud trophy gained to medical science!

In the present state of the healing art, so much uncertainty still attends our best directed efforts to remove dropsical accumulations, and the dropsical diatheses, not much matter what part of the body is the seat of the effusion; that, when the fact is announced to an individual, by his physician, that his disease is dropsy, a sinking of energy, an inward horror, perturbation and gloom seizes him. All hope is abandoned, and such an one looks forward to the day of dissolution, as does the criminal to the execution of the sentence of an earthly judge. This picture is not too highly colored, thousands of facts might be here adduced, drawn from all points of the compass, to vouch for the truth of what is said.

Nor is it intended to defame the profession of medicine. Far be from me such design. No man beholds with greater delight, no man glories more in the scientific advances, and philosophic investigations of medical literature, than I do. But my object is, to state facts clearly and impartially.

As was intimated above, the pathology of most diseases is now well understood, and with some exceptions, an effectual plan of treatment instituted. But I regret to say that such is not my opinion of dropsy. Its pathology is perhaps a little better understood than its therapeutic management. The indications of cure, drawn from its pathognomonic symptoms, as given by writers, are inefficient, to remove that morbid derangement upon which it especially depends. In its pathology, as taught by late writers on that subject, I see but little to condemn. They do not, it is true, appear sufficiently clear and strong, on the side of truth; as if some doubt and uncertainty still existed in their minds. From the days of Doctor Rush, however, until the present, light has shone more and more clearly on that peculiar morbid condition of the system, predisposing to dropsical effusion. Much that has been said on this subject, has, to my mind, been said with the design of making the theory conform to certain preconceived, and favourite opinions of the authors, respecting the causes of dropsy, the tendency of which has been, rather to bewilder and mislead than enlighten the practitioner.

“Dropsy,” says the late Doctor Eberle, “or rather the effused and accumulated fluid, which constitutes the most perspicuous external character of this disease, must be regarded only as an effect of a primary morbid condition of the solids. This morbid condition of the solids, constitutes the essential mal-



ady, to which the physician's attention must be directed, in order to obtain rational views concerning its nature and remedial management. The cure of the disease does not depend merely on the removal or evacuation of the aqueous accumulation, but principally, if indeed not entirely, on the removal of that diseased state of the vascular system, upon which the dropsical collection depends. Here then, the fundamental question meets us: In what does this morbid condition of the solids consist? And in what particular structures is it chiefly located? According to Doctor Rush, the morbid action which gives rise to dropsical accumulations, is seated in the arterial system, and is, in its nature, closely allied to inflammation. "My opinion is, that the condition of the arterial system is not only 'closely allied to inflammation,' but is perfectly under the influence of inflammation, *sui generis*, varying, it is true, very much in grade of intensity, in different cases, but in no case is the inflammatory excitement of a purely active, or general character. When the system is in a fit state to form dropsical effusion, there exists, at that time, in the circulatory apparatus, a much more than ordinary excitement; while at the same time there exists muscular constriction of the heart and arteries, with evident debility, evinced by the suspension of arterial influence on the capillaries, and thus producing, or suffering a collapse of the extreme vessels, all over the surface, from a deficiency of the *vis a tugo*, in the heart and arteries."

In the quotation repeated from Doctor Eberle, as above, (vol. 2. page 425,) he says: "the effused fluid must be regarded only *as an effect of a primary morbid condition of the solids*." This statement is true, and I esteem it good sound theory.

He goes on, and further says: "this morbid condition of the solids constitutes *the essential malady*, to which the physician's attention must be directed, in order to obtain rational views concerning its nature and remedial management." This too, is all true, and precisely as I hold to be good theoretic doctrine, as may be seen in what I shall advance in the course of this my essay on the cause of dropsy. But he was, and all our writers are, so perfectly in the dark, as regards the small, yet important matters of the particular condition a system is in, and necessary to get into, in order to qualify the exhalents to effuse copiously, that when he, and all others who have written on the treatment of dropsy, come to point out the valid "remedial management," they awfully lack, either right remedies, or sufficient potency in their remedies, to repair and set to healthy action, "that morbid condition of the solids," and which will presently tend to "the removal of that diseased state of the vascular system, upon which the dropsical collection depends." The effecting of this is the desideratum; and this our writers come short of.

That such a state of things may exist, as when the blood is determined more to one part of the body, and less to another, than is common in health, we may take for granted, without assigning the particular *modus operandi*, because we see sometimes such a state does exist. I have generally satisfied myself, however, on this subject, by supposing that according to an old axiom in medicine, "wherever there is irritation, there will be increased afflux;" and that the impetus of the action of the heart and arteries was directed in these cases, to an internal nucleus of inflammation, and that they, (the heart and arteries) were laboring under the influence of

debility, induced by some pre-existing debilitating morbid agency of the system; and therefore incapable of propelling the blood with sufficient force, even to this focus of inflammation, to develop that active grade of inflammatory action, which is followed by suppuration; and thus acting constantly, and for a long time upon the same point, it follows, by an invariable law of nature, that all the force of the arterial system being directed to that point, would, in the same proportion as the feeble circulatory power was exerted on that point, detract from the circulatory influence on the rest of the body. Hence, the collapse of the extreme vessels, general langour and bloodlessness, and the frequent coolness of the surface of dropsical persons; want of perspiration, diminished quantity and high colored venal secretion, &c. I hold that, the entire vascular system is spasmodically affected, and hence arises that frequency and contractedness of the pulse, absence of cuticular action, &c. &c.

In those febrile affections that introduce the disease I am writing about, the dropsy, the pulse is usually small, contracted and feverish, inflammatory sometimes. Now this partial spasmodic stricture may, and no doubt does exercise some agency in determining the sanguinous afflux, to the ultimate point, where the serum is finally deposited. But besides this partial constriction, acting on the circulation, so as to aid in deciding its course and destination, I think there exists also, besides, in the viscus or structure itself, about to become the seat of the present deposit, a fitness or predisposing quality, adapting it for that use, and that this pre-existing fitness determines the locality more than every thing else. This fitness of parts, may be brought about by a great variety of agencies. acting



upon a viscus or structure. Often, it may be from structural imperfection ; also from injuries sustained by the part, in consequence of violence, &c., all tending to enfeeble the vital energies of the vessels of the part, and thus disqualifying the part to resist foreign and oppressive influence.

Different cases present very different and widely dissimilar appearances, with respect to the force with which the blood is propelled through the vascular system, as indicated by the pulse—some urgently requiring the use of the lancet, while others have no pulsation discernible at the wrist. These are of course two extreme cases. Notwithstanding the existence of such cases as are attended with strong and full pulse, constriction, giving a sense of rigidity to the feel of the surface, is, even in these cases, fixed upon the capillary system of vessels. But in course of time, these conservative efforts of the central circulatory apparatus gradually subside, in point of force, and the peripheral, or capillary vessels then become more perfectly constricted and collapsed ; and so of all other intermediate cases. Hence we deduce the conclusion, that the state of the system fitted to become the seat of serous effusion, is the same, or soon comes to be the same, from whatever remote cause such effusion may take place, or whatever varieties of appearances, the peculiar state of the system at that time may cause to be evolved, at first. And hence again we infer, that the state of the system is essentially the same in all the various forms of dropsy, if it be granted that in all dropsies the vascular system is, by the operation of the disease, brought under the influence of spasmodic constriction, which I aver to be the case in every instance, and that the circu-

latory vessels, together with the absorbents, are in all essentials, in the same condition, in every form of dropsy.

It is a fact familiar to all, that at no very remote period in the history of medicine, the proximate cause of dropsy was held to be debility, and debility alone. Then the indications of cure were, to remove the aqueous accumulations in *some way*, and to preserve the sinking powers of the system, by administering tonics. Thus the physician was directed to go on, at one time increasing debility by the use of his hydragogues, but at the same time was strictly enjoined to keep his hand carefully on the key of the safety valve, close the drain, in case of excessive debility, and improve tonicity. Since that time, however, writers have given in to the idea suggested by Doctor Rush, that the disease might possibly be based in, and proceed from an inflammatory state and action of the vascular system; and inflammation is now, so far as I know, held by our late writers, as the exciting cause of dropsy. Although the profession have, as now stated, revolutionized their creed, yet the *essential indications of cure* remain the same under the latter as under the former notions; thereby intimating that it matters but little what a man's practice may be, provided only that his profession be orthodox!

The truth, I think, is, that neither theory is strictly and alone entirely satisfactory, and both will fail to guide the practitioner to an effectual course of remediate management. That there is inflammation located somewhere in the system, upon some principal organ, and consequent pyrexial excitement in the heart and arteries, must be admitted. But this excitement in the circulatory system, is of a nature quite peculiar, and not alike in

any two individuals, nor in the same individual many days in succession. It is occasioned, as I hold, by spasmodic constriction, formed upon the extreme vessels. And this constriction takes place in consequence of the debility in the muscular structure of the heart and arteries, which they share in common with the muscular structure of the balance of the individual, when laboring under debility: and in consequence of a weaker impetus thus given to the circulatory fluid, a centripetal tendency is given, or a retreat of vital energy permitted, in the extreme vessels.

In order that I may be better understood, I will recapitulate, and place my position above, in a different light. We will suppose a person now hydroptic. This person, before he became such, possessed bad health, for a longer or shorter space of time. His glandular system gave evidence of derangement, his biliary secretions were abnormal, hence his appetite and digestion were not natural and good. His assimilation deficient, hence the ingesta imparted neither strength nor due nourishment. His fauces were generally dry, and his urine diminished. All these glandular deficiencies are proof positive of spasmodic stricture. Under this universal derangement, he becomes hectic: has constant but rather slight fever, and now may be considered a mass of disease. Debility has taken entire possession of him. A tremor and agitation seize him, upon slight muscular exertion. His heart, being a muscle, is now labouring under debility, and therefore is thrown into palpitation, on occasions of much increased excitement, whether mental or physical. His knees fail him in walking, and dyspepsia supervenes. In a word, he possesses all the symptoms necessary to constitute his; a case of utter debility;



yet the pulsations are frequent, and usually small and spasmodically tense.

It seems to me unnecessary to add any thing further, to establish my position, to wit: That in a dropsical diathesis, as well as after dropsy is formed, there is present, in every instance, a spasmodic state of the glands and extreme vessels, throughout the system, excepting only, the seat of the inflammation, which in consequence of the increased afflux thither, certainly becomes the point of effusion.

Much has been said by the friends of physical diagnosis, in elucidation of the subject of pectoral dropsy. In these cases the heart usually beats unnaturally often very hard, and unequal—unequal in frequency, and unusual in momentum, at each diastole dashing the water against the parieties of the chest, with such violence, as to be noticed by an observer at a considerable distance. Such irregularities invariably attend considerable serous effusions in the thoracic cavity, and are often very great. The irregularities are usually evidences of mere functional derangements, in my opinion; while writers of the present day, generally agree, in pronouncing them to be the consequence of structural lesion: as hypertrophy, aneurism of the aorta, or ossification of the valves and blood-vessels immediately around the heart. Governed by my observation, in the course of treating a number of perhaps as bad cases of hydrothorax, attended with as great irregularity of the action of the heart, as perhaps ever did exist, I beg leave to differ with “those names of high import,” as regards the condition of the heart and arteries, at such times of irregularity.

Hydrothorax and ascites are preceded and accompanied by inflammation, located on some viscus or membrane in that cavity in which the effus-

ed fluid is destined to be deposited. This inflammation is always, in ordinary cases, of the chronic, or sub-acute type, and exists usually, for a considerable time, but not equally long in all cases, previous to effusion. The increased arterial excitement, necessary to feed this nucleus of inflammation, seated in this cavity, is obtained at the expense of the superficial capillary system; and the circulatory force is in the same degree withdrawn from extreme terminal vessels; and hence the secretions and excretions are extensively suspended, or greatly impaired. And thus it is obvious that the blood must, sooner or later, become loaded with recrementitious matter and crudities, no longer fitted to subserve the wants of the system. Thus the action of the natural emunctories being suspended, or greatly diminished, during the progress of disease, the vessels at, and about the seat of inflammation, become prepared to take on vicarious action, and deposit, or suffer to escape, a halitus of a peculiar quality, modified, doubtless, in some measure, by the nature and capacity of the vessels of the diseased part, when in a state of health, but always of a quality different, and quantity augmented, from what those vessels secreted when acting normally.

It may be observed, that in stating what is the necessary condition of the human system, to dispose it to form dropsy of any kind, that I all along insist, that a certain, and somewhat peculiar condition of the system, must pre-exist, constituting a dropsical diathesis. Such a state of the system is necessary to the formation of any dropsical effusion, whether it be hydrothorax, ascites, or anasarca. Then if this necessary, pre-existent state of the system is present, no matter what the predisposing, or remote cause may be, or whether that be known at all, the

whole vascular structures—arterial, glandular, secretory and excretory, all are diseased, and all are functionally deranged. In a low febrile state, usually, with constriction over the surface, and while the system is in this state, if no viscus, or structure, of the abdomen or chest should be found in an unhealthy or feeble state, and so fitted to become a focus of afflux to the chronic febrile impetus now prevailing in the system, the force of the diseased circulation will spend itself upon the general system, the circulating mass getting daily more and more impure; the whole of the emunctories being inactive, until the exhalents are become fitted to deposit. Then this their deposit is made generally over the whole body, into the cellular tissue,—first discernible at the point furthest from the centre of vital action, the lower extremities; and from there, going on upwards until usually, every cavity that can hold fluid, is full. And thus a case of anasarca is formed.

Anasarca is, I think, usually, unattended with great inflammatory visceral affection; and probably at first, is nothing more than a caegetic state of the system. Hence in all its stages, the anasarcaous form of dropsy is much more easily conducted to health, than either of the other two forms.

It is consistent with reason, to suppose, that a system of vessels, kept long under the influence of a stimulus or excitement, such, for instance, as a low grade of inflammation, and consequently surcharged with fluid, would become so altered in their capacity, as to transmit fluids of very different quality, from those which they were, by their original constitution, destined to convey. The increased activity of the circulation, and the decided determination to the focus of inflammation, together with



the altered and enlarged diameters of the capillaries, in its vicinity, would in part at least, account for an increased deposit, in a given time; but if to this we add the torpor of the absorbents, and all the usual emunctories, those scavengers of the system, we shall find, by logical inference, that there is a superabundance of aqueous humor constantly traversing the system, and as previously shown, thrown especially upon the seat of disease.

Many of the silent operations of nature we are not permitted to know. The most we can do, is to reconcile them to known laws, to argue and reason, and deduce certain plausible inferences. The following may be mentioned as a simple case in point: Suppose a phlegmon forms on some part of the body, it is attended with inflammation, and much acute pain in the part intended as its seat. In its progress towards maturity, pus is formed. Now it is generally believed, that this formation of pus is an effort of nature to remove out of the system some exciting cause, or in reality, that terminates the affinity. And so soon as the excited vessels are unexcited and pus is fully formed, the excitement, both general and local, subsides, and all again becomes sensibly more quiet?

By parity of reasoning, a similar effort is made, or intended to be made, (if the phrase may be allowed) in the formation of dropsy, as was made in the case of the phlegmon. There existed an adequate cause for the formation of just such a phlegmon in the system, and just at the point where it seated itself; therefore just at that time, and in that place, a phlegmon appears. Now, that there was a cause, is evident, but why it should operate, when and where it did, we are unable to say; and all we know, and can say about the matter, is, that there

was, in all probability, at that time, some impurity lurking in the system, and the healing power of nature took this plan for concentrating and casting it off, and marshaled all its efforts to a given point, for that purpose. No person in a sound state of health, when all the functions of all the organs are duly performed, and when all the secretions and excretions are of the proper quality and quantity, either will, or even can, become a victim of dropsy. And why can he not? We answer, solely because no vascular nor visceral derangement exists. Consequently, the secretions are neither deficient nor redundant. The excretions too, are active; therefore the fluids are kept pure. There is no defect any where, neither functional nor organic; but every vessel, of every name, is duly active and vigilant, in warding off the least encroachment of disease. Thus, we see, that while the human system is in every respect sound, no dropsy does, or can take place. Yet dropsy can, and does sometimes take place. Then of course, an opposite state of the system and vessels must sometimes be present.

After what is now said, the inference legitimately follows—that some morbid agency has existed, and acted on dropsical subjects for some time antecedent to the period at which effusion takes place. And if all these agencies of the system exist, and act as now stated, then two facts appear to have been established—first, that while the viscera throughout, remain sound, and properly perform their various functions, no dropsy supervenes. And secondly, that dropsy is never an idiopathic disease, but that it is always an effect of some pre-existing morbid agent, sufficiently potent to induce more or less of functional derangement; by reason of which, the secretions soon become deranged, and the ex-

cretions suspended, in consequence of the impetus of the circulatory apparatus being preternaturally directed to, and expended upon the seat of inflammation. This state of things can happen only when the general system is, more or less, laboring under the influence of debility.

The heart being muscular in its structure, partakes, to some extent, of the universal atony, and is therefore unable to maintain the excitement at the seat of inflammation, except at the expense of the capillary circulation. Hence this latter system of vessels is allowed to collapse, whilst the vital energy usually directed to it, is expended upon the vessels of the part where the inflammation is progressing; which vessels being kept in a surcharged state, for a time, become enlarged in calibre, and their walls attenuated, so as to be adapted to transmit grosser fluids than those fine and subtle humours, which it was formerly, in health, their province to separate, to be conveyed to the several organs and structures, for the purpose of lubricating their surfaces, to facilitate motion and prevent adhesion, where contact is inevitable. Hence it follows, as a certain and necessary consequence, that an accumulation of gross serous fluid takes place in the sack or cavity, containing the inflamed viscus or structure, or in the immediate vicinity thereof. It is usually, but not invariably so; that after the vessels are prepared for the transmission of the fluid, which constitutes the dropsical deposit, and are now freely disgorgeing themselves, that then the inflammatory diathesis sensibly declines.

And now, in coming to a close with this part of my subject, I will state in a short way, some of the leading ideas I wish to be understood as insisting upon, in the course of my foregoing remarks, as concur-



rent, in fitting a human system, for dropsical effusion.

First. It is necessary that something should act on the system, as a remote or predisponent agent. This agent, whatever it may be, (and these agents are vastly numerous,) will have a tendency to derange the natural and healthy functions of all the vascular system. This agency may be, and in most cases is, performed insidiously, but perseveringly; and all along imparting only bad health, but never solid sickness. The derangement, however, getting daily more and more apparent, and from the first, on, throughout, there is no power left in the system, to heal, or restore itself; the secretion of the liver is deranged; the mesenteric and pancreatic glands are all out of order, and hence no restoring nourishment is derived from the food eaten—but all still tending downward.

Secondly. All the emunctories, from an early period of this state of the system, are suspended in their functions. The alvine evacuations are dry; the kidneys secrete but little; the insensible perspiration is suspended. Hence the circulating fluid presently becomes much loaded with noxious and impure matter: and thus, not possessing the usual and needful stimulating properties, imparts no vigor to the solids, in its circulation.

Thirdly. The absorbents, which are, however, only depuraters of the fluids—agents that take up effete moisture, that had been deposited among the fibres of the different parts, to be conveyed out of the system, by the various emunctories—these too, by disease, are structurally, as well as functionally, so altered and enfeebled, that without a strong excitant, they lie utterly dormant.

Fourthly. The circulatory apparatus, from an

early period, is greatly accelerated, and increased in frequency. Sometimes the pulse is voluminous, more generally, however, it is small, but in either way, always tense.

Fifthly. Now all these states of the system, taken together, cannot but be attended with weakness. Either of the several derangements named, alone, would destroy health, and consequently tend to debility, were it to continue long. Then will all, jointly tending to the same point, certainly be attended with debility. Debility then too, is an attendant in constituting a dropsical diathesis.

I shall now in conclusion state here, that in my opinion, there is a great difference in the debility which attends dropsical cases, and cases of debility from exhaustion, as at the termination and treatment of fever, pleurisy and the like. In these cases, the vessels, and system generally, are in a state of universal exhaustion and atony, but otherwise fitted and well qualified to receive tonics, with benefit; while in the former cases, the vessels are generally full, but loaded with peccant matter; and impurities superabound in the system, to such a degree, that the best and most potent tonics, would only add to the diseased tensivity of the system, and be lost in the mass of impurity that possesses every part. And moreover, in these cases, part of the system is under the influence of spasmodic stricture, while part is not. All observant practitioners must have noticed, that in such a state of disparity prevailing in the system, tonic treatment and in fact any treatment, except relaxant, in *any disease*, would not only be unavailing for good, but would evidently be pernicious.

## INFLAMMATORY DROPSY.

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My object in writing this small treatise on dropsy, is, as much as in my power lies, to enable all medical men, and many others, to treat dropsies of all forms, with clearness of preception of the true state of the system, and as much as is the lot of imperfect human nature, with unerring success; after this my treatise shall have gotten abroad. Such then being my object, I feel it necessary to impart as entirely all that I possess, and have obtained from observation, in the course of a practice of thirty odd years, as I can think of, and believe would be of use to a man, in the course of his practice. These considerations have induced me to say something here, of a form of dropsy, which in its type, is altogether different from the dropsies described hitherto. I am not aware that these forms of dropsies are described separately, and as distinct forms, from usual and regular dropsies, by any writer. But however that may be, considering them essentially different in their ætiology, and requiring altogether different treatment, from usual dropsy, I think it may be beneficial to communicate here, what I know about them, and can say, with clearness and certainty. This will of course not be much. I met with only four such cases in all my medical life; now forty-four years. The first was a female of about fourteen years old—of feeble delicate structure. The second was an old black man, about sixty-four years old. Had been a stout vigorous man. The third was a lad about fourteen years old—of



rather unusual bulk, and stout vigorous constitution. The fourth was a lad of about twelve years old—badly grown—small and delicate. The three white persons in this catalogue had black hair, and dark, or perfectly black eyes.

These persons were all taken suddenly, and being at the time, so far as was known or appeared, in a state of previous good health. All of them, from the first, complained of severe abdominal pain, evidently in consequence of great visceral affection—universal excitement, and heat over the whole surface—distressingly thirsty—pulse large, full, and very frequent and firm—remarkably strong abdominal pulsation—surface dry, and very little urine, bowels torpid—remarkably foul tongue—no pain in the head—the countenance indicated a great deal of suffering and distress, and was frightfully marked with anxiety. All four of those cases presented in the summer months. They all seemed to be cases of anasarca, and all became prodigiously swollen, in two or three days from their first commencement to make complaint. I was satisfied that they had water in the abdomen, notwithstanding, that was sensibly tympanitic. And there was water in the chest also, which induced great labour in breathing. The cellular tissue was more than ordinarily distended, and on pressure seemed sensibly more elastic than what is the case in common anasarca. No mental aberration, although the fever ran very high.

There was undoubtedly in all these cases, great visceral derangement, and the most entire obstruction of all the excretory organs; with strong inflammation of the peritonium probably throughout. I think it entirely wrong, to class such cases with ordinary and regular dropsy. They are not subject to the laws that influence the animal economy in the for-

mation of dropsy. Notwithstanding, the cases above exhibited, were, at the time they passed before me, esteemed, and called cases of dropsy, both by the friends of the afflicted and by myself, and I treated them as such; but every one unavailingly. It is entirely out of my power to conceive how the vessels can be thrown, by disease, into a position to exhale so copiously, as to fill, to great expansion, and perfect fullness, all the cellular tissue throughout the body, in two or three days, together with the cavities of the abdomen and chest. All that I can say about such cases at this time is, that I must esteem them highly inflammatory and mixed, and probably mixed with tympanites.

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## INTRODUCTION TO THE TREATMENT OF DROPSY.

I shall now attempt to give a view of my treatment of dropsies. In doing this, I am aware I shall enter on difficulties. My feelings, and perhaps my real situation, together, are indeed quite unenviable. My method of treatment, is altogether my own; and when I undertake the treatment of a case of dropsy, I have but little difficulty in determining what course to pursue; and in the course of treatment, suitably to meet all evolving exigencies. Wherefore it would seem, that it ought to be an easy matter for me to give concise,

clear and satisfactory directions to others, how to use my remedies in such cases. But truly I know it is difficult, in fact it is impossible for me to point out the changes that will take place in the disease, in the course of treatment; and which changes will require to be met appropriately, as they occur. I cannot know, nor can any man know, in the morning, what the state of his patient will be in the evening, and just as little can one know in the evening, how his patient will be in the morning. Thus it is easy to see that there is difficulty in this matter. My desire is however, to make my practice understood, as far as possible, by all who may wish to use my remedies.

My views of the state of the system preparing the vessel, of certain structures for effecting a drop-sical effusion, may be thought by some, erroneous, and *so they may be*—I can only say, they were the best I had, and my *treatment* is in unison with my theory, and *that* cures the disease. Every practitioner of medicine, is also more or less, a theorist, and all have at least, some favorite way of thinking, why and how it is, that things are just as they are, and thus our theories often become creatures of imagination, and consequently not worth very much. Then, I say, let that go by, if any dislike it. It may indeed not be as correct a view as I think. But let my practice be clear and intelligible; for on that, every thing that is truly valuable, depends. To make it so, or as much so, as is in my power, will be my primary and principal aim.



## ANASARCA.

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The remote, or predisposing causes of anasarca, are various, and quite numerous, therefore I shall not attempt to state them all here. There are however some of them of great importance in practice; and a physician will have strict reference to them, in forming his plan of treatment, therefore I will mention a few of them. As—

Bilious fever badly treated, and imperfectly cured. (Note 1st.) Intermittent, neglected and suffered to run on too long. Sparse and poor innutritious diet. Inhabiting low, damp, miasmatic localities. Bad management under the influence of mercury. Excessive loss of blood. Compression of blood vessels, from any cause, so as to obstruct the return of the venous blood, &c.

### SYMPTOMS OF ANASARCA.

General bloodlessness over all the surface, accompanied with dry harsh feeling skin—some slight feverishness, and general listlessness—small quantity and high colored urine—a full and bloated appearance—evident swelling of the feet and ankles in the evening, which swelling by the morning will be somewhat reduced, but now the face will be more full, than comports with health; especially will there be a sensible fullness under the eyes, in the morning. The swelling will rise higher daily, until every part of the body will be full, and enlarged. The cellular tissue will continue to fill, and finally become immensely tight. Often the

cuticle of the lower limbs will chap, and suffer the serum to escape copiously. Thirst usually attends in the course of the progress of these latter symptoms. The appetite, mostly, is keen, and no doubt unnaturally so. The bowels generally, are too inactive. The hair of the head, looks dry and dead. The pulse is various; in some cases more inflammatory than in others, but mostly feeble, sometimes imperceptible, always too frequent and unequal. A pit remains for some time, after pressing on a swollen part, &c.

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The Diuretic alluded to in the following treatise, consists of: one ounce Seneca snakeroot—bruised, and half an ounce Saltpetre.

These articles are jointly put into a tin, or earthen vessel, and a full quart of boiling water poured on them, and gently boiled an hour or more; then set off the vessel and let it settle; then strain through a cloth, and what it now lacks of being fully a quart, must be added of cold water. From three to five large table spoon fulls of this tea is a dose; and had best be taken cold. This is called Seneca.

Immediately after swallowing a dose, the mouth had best be rinsed with water, and some acid taken into the mouth.

This medicine will not lose its virtue by standing open, but will lose by evaporation.

One drachm digitalis (purple,) (Purple foxglove.) Draw half a pint of tea of this, in the same manner as directed to prepare the foregoing tea—when strained use it cold too. One large table spoon full of this is a dose. This is called Digitalis.

I usually make my Seneca tea of an ounce of Seneca snakeroot and an ounce of Saltpetre—and give the dose above pointed out—but the Saltpetre

in that proportion, may sometimes prove too irritant to the bowels, wherefore, and as I do not think it a very important ingredient, I direct only half an ounce in the above formula.

I wish it remembered throughout all the cases in which I give my treatment, merely as such, that I suppose my patient to be a man, and of common stamina. (Note 2d.)

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### TREATMENT OF ANASARCA.

Early in the morning of the day you intend to commence your treatment, you will prescribe an active hydragogue cathartic, composed either of cream of tartar and jalap, or epsom salts and calcined magnesia. (Note 3d.)

When the cathartic is done operating, (Note 4th) which usually will be the case by ten or twelve o'clock, you will begin your first course of domestic treatment, by giving the Seneca at twelve o'clock. Four large table spoon-fulls of this, this day, is a dose. And at one o'clock you will give of the Digitalis, not quite one large table spoon full for one dose. (Note 5th) at two again a dose of the Seneca; and at three, again a dose of the Digitalis, &c. alternating the two articles hourly, so as to give each article every two hours, and the one or the other every hour. You will proceed on so, until eight o'clock in the evening; and after the eight o'clock dose is given, you had best suspend for that day. (Note 6th.)

On the second day, you will direct five table spoon fulls of Seneca to be given at six, in the morning—and at seven, one table spoon full of the article Digitalis. At night again a dose of Seneca, &c.—alternating the two articles again hourly, as directed for



the previous day, until eight o'clock at night again. On the third day, you need give none of the medicine, before eight o'clock in the morning, but at eight, give again five table spoon fulls of Senecâ, and at nine one table spoon full of Digitalis--alternating the two articles hourly, again to-day, as before directed, (Note 7th.)

Generally, in the afternoon of the third day, the diuretic will have to be laid aside, for the space of twenty-four, thirty-six, or sometimes forty-eight hours, for the purpose of giving the kidneys time to unburthen the oppressed nerves, (see Note 7th,) as also to give time to the system to restore itself to more general vigor again, after a free secretion and discharge of urinae. It is taken for granted here, that the kidneys are duly active.

When the person is restored again to tolerable comfort and firmness, the diuretic must be resumed again; but now, after the system has been once well filled with the properties of my diuretic compound, it will never again be necessary, or even prudent, to give the diuretic, either in full doses, at the usual hourly intervals, nor yet, to give it long before suspending it again. (Note 8th.)

Thus you will go on, giving the diuretic, and suspending it, according to the indications of the system—(see note 7th)—until all the water and swelling are removed, and the surface universally and the countenance assume a clear and healthy hue. (Note 9th.) It usually will occupy about three weeks, to accomplish a permanent cure in a case of this disease, and this form of dropsy. Your particular care must be, not to dismiss a patient, as well, before his whole surface has a healthy appearance, and a usual feel over the whole body.

Soon after the kidneys are gotten to secrete freely,

which in anasarca, I do not recollect to have known fail one time, and the person now seems about half empty of his dropsical accumulation, I think it will upon the whole, be best, but not indispensable, to commence a mercurial course, by administering, morning and evening, a pill of blue mass, of common size—or a calomel pill, containing one grain and a half of calomel, each pill. Give one pill of either, as may suit convenience, morning and evening, until the gums become slightly affected. (Note 10th.) While giving the mercury, the diuretic will be continued, the same as if no mercury were giving.

I give no tonics myself, and therefore do not allow tonics to be administered, at the termination of treatment in a case of mere dropsy, of any form. Nitric acid, sufficiently diluted with water, may be given, after the water is *all* removed, in cases; where the liver was much deranged, and it became necessary to reduce the person very much. (Note 11th.)

### ADDITIONAL REMARKS ON ANASARCA.

In the treatment of anasarcaous dropsies, I never met with any thing that I esteemed difficult, in conducting a case to health. Universally, cases of that form will be found subject to my diuretic. The absorbents will be found ready to be powerfully excited, to take up the fluid contained in the cellular tissue, and pass it into the blood-vessels; and the kidneys will soon be relaxed, so that they again act with freedom; and thus a very copious discharge is obtained from them, which will soon unburden the system of its load of foul-serous fluid. I conceive that I have difficulty only when I find great visceral derangement with my patient, whether that

be functional or organic. And in dropsies of this structure, I have not found much serous derangement of that sort. So that removing the water, and restoring the circulatory and capillary vessels, and glandular system, to thorough healthy action, which my composition will not fail to effect, in cases of anasarca, will usually perfect a cure.

From the nature of the cause of anasarca, that being usually a mere functional derangement of the chylopoietic viscera, together with derangements of the excretory vessels—which several systems of vessels being deranged, constitutes a state of things in the human body, fit to produce that form of dropsy. Now all such derangements, the power of my diuretic is sufficient to regulate. I usually, in the course of treatment, (see note 10th,) think it best to touch a patient lightly with mercury. That, however, is less needful in anasarca, than either of the next two forms. But as it is “no big thing,” I think it had best always be done.

## ON ASCITES.

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The remote causes of ascites are such as have a tendency to derange the functions of some of the abdominal viscera or structures, or all of them. I shall embrace under ascites, all abdominal dropsies, such as attend males, and may be brought on by an infinity of remote causes, but all tending to induce internal abdominal derangements: long continued, and excessive use of intoxicating liquors, inducing, and keeping up increased vascular excitement, for a long time; great night irregularity, by which feverishness is induced; and besides these, an endless number more of common irregularities and occurrences, may, and often do, give the first tendency to bringing on that unpleasant state of things.

I shall also embrace all female cases of abdominal dropsy. I am aware that writers generally distinguish a class of dropsical affection, existing among females only, by the emphatic appellation of *uterine, or ovarian dropsy*; as distinguishing ascites among females, when originating in consequence of sexual derangements, from abdominal dropsies among that sex, when induced from other, and common causes. This distinction I think is needless, and affords no advantage in practice. Often it is difficult, not to say impossible, to determine what precise condition the ovaria are in, in a case of female ascites. Enlargement of one or both ovaria, they can perhaps sometimes state to you, but the abdomen is now so distended and firm, that you cannot by pressure feel



any thing of them. And besides the fact is so: There are many enlarged ovarian affections, inducing dropsy too, that are unattended, either by cysts, or hydatic affection; consequently perfectly subject to my diuretic treatment. Whereupon in all female abdominal dropsies, I treat them as usual, or simple cases of ascites; and hitherto have succeeded in curing them, with only two exceptions, so far as I can remember.

### SYMPTOMS OF ASCITES.

Some difficulty may be observed in the chylopoietic apparatus, as very imperfect digestion. The lacteals and liver are out of order. The person then, does not nourish from his food. A sense of undue fullness of the stomach after eating, attends—is much troubled with eructations—extremely costive—but by and by, he will become irregular in the bowels—and now at times, the bowels will be remarkably constipated, and then a diarrhoea will take place, which will run on long, producing great emaciation, and what is now eaten, is apt to pass off with very little, if any change, effected upon it by digestion. But this state of things will in time be changed again, for a state of uncommon torpidity of bowels. And thus, this alteration will, in some instances, be prolonged for a year; sometimes more, and sometimes less. The kidneys too, in many cases, will observe the same irregularity. Sometimes they will be very flux, and then again very sparse. During the restriction of the kidneys, as also the constipation of the bowels, the person usually, is sensible of an unusual stiffness and clumsiness in his lower limbs, and at times a little fullness of the feet and anales, in the evening. This will be gone in the

morning. But during the flux, in either of the ways above stated, the little swelling and stiffness, will all be gone. Usually, I believe these vicarious drains will desist, and then, if not before, the person will soon become sensible of an increased size of his abdomen. Cases of ascites do however exist, that are not attended with the precursories now pointed out. But they are all common cases, and will be known, when they take place, and need not be here pointed out. (Note 12th.)

### TREATMENT OF ASCITES.

As in anasarca, so in ascites. If debility does not forbid, a drastic purge (see note 2d) must be premised, early in the morning. This purge is also to consist, either of cream of tartar and jalap, or epsom salts and calcined magnesia. Whichever is prepared, a full *half* dose of each, is to be prepared and given, making together, a *full* dose. The cathartic, in this form of dropsy, ought always to operate with great force. In this form of the disease, especially, above any one of the other forms, it is best to anticipate the termination of the operation of the cathartic, an hour or two, with the diuretic. (Note 13th.) The termination of the cathartic, in cases of ascites had always best be anticipated, at least two hours, and therefore you had better give the first dose of the Seneca at ten o'clock in the forenoon. Four large table spoon fulls of this, this day, will be a dose, and in an hour afterwards, not quite one large table spoon full of the Digitalis. Each one is to be taken every two hours, and taken alternately, so that the one or the other is taken every hour, all the balance of the day, until eight o'clock at night. Then always let your patient rest until next morning. (See note 6th.)

On the second day begin with the Seneca, at six o'clock in the morning--at seven, give the Digitalis; at eight the Seneca again, &c., alternating the two articles again, this day, so as to take each one every two hours, but the one or the other every hour. Five large table spoon fulls of the Seneca, and one spoon full of the Digitalis, must be given for the doses of this day. You will suspend giving the diuretic again this day, after eight at night.

On the third day, you never need begin giving the diuretic, until after the patient has eaten something, (Note 14th,) say eight o'clock. Give full doses of both articles again to-day---that is, five spoon fulls of Seneca, and one spoon full of Digitalis, in the same alternate mannér as before directed. Generally, in the latter part of this third day; the person will give evidence (see note 7th) that he has taken enough for that course. Then it must immediately be suspended. (Note 15th.)

In ascites, as in anasarca, after the patient is once well filled with the diuretic, that article must afterwards only be given with *strict* reference to the capacity of the recipient. (See note 7th.) The nerves of some persons will bear the diuretic better than those of others. Giving the diuretic, and suspending giving it, as seen in Note 8th, together with watching over the state of the viscera, or other internal structures, and meeting those difficulties, if any evolve, scientifically, will now accomplish the cure. (Note 16th.)

## MORE ON THE TREATMENT OF ASCITES.

I esteem ascites the worst form of dropsy to manage, and restore the subject to good health and perfect soundness, of either of the three common

forms: Anasarca, Ascites or Hydrothorax. In this form of the disease, there is always a viscus or structure more or less deranged, and often more than one. And these visceral derangements often partake, apparently, of structural lesion. At all events, the nature of these internal derangements, is often obstinate, and hard to reduce to right and healthy action. But I will here state, and once for always, that while we have to judge the state of the viscera, and determine their various conditions and degrees of derangement, through the circumambient integuments, which are opaque and cover them, that we cannot see them with our eyes, the most experienced of us will be apt, nay, certain, to make mistakes; and often judge the state of the inside to be much worse, perhaps, than it really is; and at other times again, we may conceive much better of them than what is true. This check on our judgment being premised, I will say, that in my opinion, it is right to try our skill, and the power of medicine, in all cases that are presented to us. I know that I have cured, and made every way sound well, several persons laboring under dropsy, of whom I had very little more hope of being beneficial to, than I would have had, if they had been dead, and lost some of whom I was quite hopeful at first.

Black hair, black or dark eyes, with a thin and fine looking smooth skin—florid lips and red tongue; are all indications that the person may not be easily gotten well. The abdomen being much enlarged, while at the same time, the limbs and face are emaciated, and wasted, betoken difficulty. Persons who through life, have been subject to renal difficulty, or frequent weakness of the back, are not apt to be kindly acted on by my diuretic. A small,



wiry, firm—or large, round, and quite full pulse, are not apt to be diirectically affected by my compound while in that condition. Both these pulses indicate too much inflammatory action of the arterial system, on the viscus or structure diseased, which must be removed.

Strong and very evident pulsations in the abdomen when the person lies on his back, I think generally attends the pure and general peritoneal inflammations. All abdominal dropsies derive their origin from a low grade of inflammation of some internal structure, and are effects of internal disease. The liver, spleen, messentery, pancreas, ovaria and peritoneum, are all liable to this kind of inflammation and in their turn, become localities of such an order of inflammation as will fit the vessels for dropsical effusion.

From what has now been said, it will be seen that I suppose the cause of ascites is inflammation of a low order, and that, fixed upon some internal viscus or structure. And if in the course of treatment, this inflammation should seem to become stronger, and the patient really appear worse, (see note 13th) that will be no cause of discouragement, but is an evidence that the seat of disease is becoming affected by the treatment, and is beginning to assume life and activity again. And the giving of due medical attention to these evolvments, is in my opinion, no small part of the cause of perfection, attending cures made by me, and on my plan. Patients have frequently told me, that since they had been afflicted with dropsy, they had often been as much reduced in swelling as now they were, but still felt stiff and clumsy, by what they now felt. In our prescribed practice, these things are not attended to: and there is moreover nothing pre-

scribed to re-excite the torpid vessels, and induce them to resume healthy, vigorous action again.

I feel loath to cease giving directions for the treatment of this form of dropsy, because this form is much the most difficult to the practitioner, and yet with suitable and well directed management and due perseverance, is perfectly curable.

In treating ascites, it often happens, that there is an unfitness in the system; there may either exist too much vascular excitement, or some unfitness in the kidneys, so that my diuretic will not carry off the water by the kidneys. In such cases, say the pulse is right, or nearly so, neither much too large and full, or small and hard; I advise to give my diuretic. If it is the first course, give it on as directed for the first course, (see note 7th.) And if the kidneys do not secrete freely, then, on the morning of the next day, after you are compelled to discontinue the diuretic, you will give a *full dose* of some hydragogue purge. After that, and as soon as the person is sufficiently recovered from the effect of the diuretic on the nerves, say a day or two, generally, you will administer the diuretic again, but do this lightly, say in not exceeding half doses, at usual intervals, and only during parts of the days, for two, three or four days, according as the nerves seem to bear up, then run that off again. This will perhaps be the third or fourth morning after you gave the previous purge—sometimes it will be even five or six days. So you will go on and do, from day to day, giving the diuretic and purges alternately, and in such proportions as the nerves of the patient can bear with comfort, until the water is all *well* out of him, and his surface universally is clear, and his countenance expressive of health. While this treatment is thus going on, you must resort to calo-

mel pills, and administer one pill every morning and evening, until the breath becomes slightly tainted. Each pill is to contain one and a half grains of calomel. It will usually take from eight to twelve pills. And if any evidence evolves in the course of the treatment now pointed out, of considerable internal inflammation, among any of the viscera, you must forthwith meet that, with suitable remedies, say cream of tartar freely administered, blistering, and sometimes I have found additional heavy doses of calomel, run off with salts, very profitable in such cases.

If however, the pulse is found either hard and small, or too large and full, and either kind of pulse too frequent, you had better at the commencement of treatment, and prior to using the diuretic, set about reducing the arterial action. Such pulses are undoubted evidence of inflammation, and probably of inflammation too strong to be readily overcome by my diuretic. As potent sedatives, I would recommend the lancet, blistering over the abdomen generally, and cooling cathartics. On these occasions too, besides these things, I usually make my patients drink freely, in the intervals of purging, water off of cream of tartar, and sweet spirit of nitre, in water, or in the cream of tartar water, as adjuvants.

Sometimes I suspend my treatment for the removing of the water, four or five days together, and attend exclusively to the correcting and subduing internal inflammation, by the means above pointed out. I think this is best, because the excited action of the blood vessels on the affected organ or structure, will continue to act as a producing cause, and deposit new supplies of water, until that afflux is somewhat checked, by changing the state

and tendency of the vessels concerned, as also diminishing their impetus on the diseased and tender structure.

There must no long and unnecessary intermissions and delays of treatment be allowed of, until sound health is restored and the countenance is expressive of health. It has not unfrequently happened when I was treating one of these bad cases of ascites, as above directed, with my diuretic and hydragogue cathartics, alternately, that the kidneys began to act, and acted most copiously. They then soon evacuated all the remaining water. When it happens to do so in a case, further cathartics are unnecessary, and ought no longer to be given.

In cases of ascites, in which the integuments are very tense, my diuretic cannot act, until that pressure on the kidneys is somewhat removed. Public prejudice against tapping runs high, and persons are very unwilling to submit to be tapped. But in such cases, it ought always to be performed, because more speedy and certain, and not near so worrying and debilitating as repeated purgatives. The operation in point of exciting pain, is not worth naming. It is very little, if any more painful, than an easy bleeding, performed with a good lancet. When I tap one, I always cut the passage for the canula, with a keen lancet, and then introduce an oiled canula, which is with me, a small silver tube. And for want of an appropriate canula, I have several times made use of a goosequill, in lieu of one fitted for the purpose. The old notion "that no one who was tapped would ever be cured" is a perfect error. I have tapped and then cured several cases. My plan is, when I intend to tap one, to give the diuretic two days, then on the third day about nine o'clock, I tap, and at two of the same day, I begin and give



my diuretic again. The person being pretty full of the diuretic when I tap him, the little that he takes additional to that during the afternoon of the day I tap, will usually produce a sensible increase of urinary secretion the night following, and if it does so, in any sensible degree beyond what is common in health, it will be certain to increase with time, and then that will of itself, from that time on, keep under any accumulation, and the diuretic being administered, as in other cases, will presently remove all the water that was left in the system at the tapping, and drain the person of all remaining impurities, and restore the system to sound health.

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## HYDROTHORAX.

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Dropsy of the chest, should be looked upon as of two qualities, the one of which occupies the chest, and is distinguished by the appellation of hydrothorax, and the other is formed within the membrane that envelops the heart, and is called pericardian dropsy. These two forms are very distinct from each other, in their localities, and fully as different in their curabilities. I think it probable that cases of hydrothorax are produced by errors of, or diseases on structures within the common cavity of the chest, inducing there, a low grade of inflammation, often not known to exist, even by the subject himself, for a great while. But such derange-

ments here, like everywhere else, in the human system, will in due time, prepare the exhalents, fit to pour out serous fluid, which is poured into the chest, and so forms common pectoral dropsy. Pericardian dropsy, no doubt is produced in the same way, by either structural, or only functional deviations from nature, of the heart itself, or appendages near the heart, and within the pericardial envelop.

### SYMPTOMS OF HYDROTHORAX.

The beginnings of hydrothorax are often at first, and for a good while, quite insidious; and persons will usually have gone deep into it, before themselves or their friends, and not unfrequently, even their "family physician," suspect *that* to be the complaint. There will from an early period, more or less cough attend, with a strange kind of seeming fullness, and want of usual freedom in inspiration. On exercise, these difficulties will be very much increased. Lying down horizontally, will soon become unpleasant, and sleep in that position, will be attended with much dreaming, and often distressing dreams. Presently a horizontal position will become utterly insupportable, and the person will have to be placed recumbent on the bed, or he cannot rest at all. And now he can get but little if any refreshing sleep. About this time too, the action of the heart adds no little to the patient's difficulty, by its heavy, unequal and irregular beating. This beating of the heart is in many cases so strong, that it will agitate the whole trunk of the person so much that the agitation may be seen from quite a considerable distance; and is very fatiguing and distressing to the patient. Although the heart is now in such a state of strong agitation, the pulse at the wrist will be apt to be quite feeble, and often imperceptible.

About this time, probably the general anasarca swelling may begin to appear a little about the feet and ankles. This will increase, and in many cases, become considerable, before life is extinguished. And now, as the disease advances, and the chest gets more and more full, and the lungs become greatly compressed by the surrounding fluid, the person, when he obtains something like sleep, will cease to breathe, and lie every way as still and motionless as if actually dead ; and in this position he will lie probably as long as he can subsist without breathing, and then he will all of a sudden, burst as it were into a seeming waking state, panting for breath, with all his might, until a partial equilibrium between the circulating fluid and respiration is restored ; when he will imperceptibly to himself, sink off into another such breathless state of apparent sleep, then wake and repeat the same laborious and distressing scene as before ; and thus he will go on, sometimes for hours, if not prevented, apparently laboring and fatiguing himself very much. Still, this is all the sleep he can get. All pectoral dropsies are not this way. Some strong and decided dropsies of the chest come on from the first, with more or less difficulty in the breast, with cough, and occasional hard breathing. The subject cannot ascend a staircase well, or walk fast up hill without great increase of frequency in breathing. There is in no case for a long while, any general swelling. Asthma is apt to terminate in Hydrothorax. I think it probable that Pericardian dropsy is subject to greater irregularities of the heart, than common dropsy of the chest. (Note 17th.)

## TREATMENT OF HYDROTHORAX.

In this form of dropsy too, you may always premise an active hydragogue cathartic. If your patient is moderately strong and vigorous, you may use for this intention cream of tartar and jalap, but if feeble, use salts and calcined magnesia; and if too feeble to bear either, you will enter upon the treatment by administering the diuretic, without giving either of said cathartics. (Note 18th.)

On the first day you will give four table spoon fulls of the Seneca after the cathartic is done operating, say at twelve o'clock, and at one o'clock, not quite one table spoon full of the Digitalis; at two o'clock, four spoon fulls again of the Seneca, &c., alternating the different articles hourly, so as to give each article every two hours, yet the one or the other every hour, until eight at night; then you may always desist for the day. But in case no cathartic has been administered, you will begin the diuretic treatment at eight in the morning, (Note 19th,) giving the Seneca and the Digitalis alternately as above directed, until eight o'clock at night, then I always desist giving the diuretic, (see note 6th) in all forms of dropsy. In all cases begin by giving the Seneca, and when all goes on well until eight at night, you will of course end with that article. (Note 20th.)

On the second day, begin and give five table spoon fulls of the Seneca at six in the morning. At seven give one spoon full of the Digitalis, alternating the two articles again this day, as directed for the previous day. And so go on till eight at night again; then you will always discontinue for the day, in order to let your patient enjoy rest and sleep.

On the third day, you need give no medicine be-



fore 8 o'clock in the morning. At eight, however, begin by giving five table spoon fulls of the seneca, and at nine, one spoon full of the digitalis. Continue to give these articles, and in the quantities now named, alternating them hourly as directed for the previous days, until 8 o'clock at night, unless the nerves give intimation sooner, that the system is duly under the influence, (see note 7,) or the kidneys secrete too copiously, (note 21.)

If on the third day, or whatever other day the system becomes duly charged with the diuretic, it will be necessary forthwith to suspend the administration of it, until that effect on the nerves has ceased, or nearly ceased to be felt. After that you will give again of both the diuretic articles. And now you need never to give so much at a dose, nor hardly ever a whole day at a time. You will thus go on giving a while and suspending a while, endeavoring all the while, to keep the person duly under the influence of the medicine, having strict respect to the activity of the kidneys and the state of the nervous system, until all the sensible swelling and difficulty of breathing are well gone, and the surface and countenance assume a perfectly healthy clearness—having lost that bloodless sallow hue. To give a case of hydrothorax a good finish, will usually occupy about four weeks.

### DESULTORY REMARKS ON THE FORE-GOING COMPLAINT.

On hydrothorax, I have but little to add to what I have already said, on the treatment of that disease. If ever I had a case of pure thoracic dropsy, that was not at once subject to my diuretic treatment, I do not recollect it. In fact, pectoral dropsies are, I think, of all the various and common forms, most

tractable; or in other words, the system under hydrothorax, is always in a state the most perfectly befitting the sanative influence of my diuretic compound. The only gap through which a person may slip, and lose his life, in a case of hydrothorax, consists, I think, in not attending early enough to the first symptoms—not duly apprehending the real disease.

I am inclined to believe, that in the course of these many years, in which I have given exclusive attention to old chronic, visceral derangements, producing ultimately dropsy of some form, I have met with all possible varieties of beatings of the heart and pulse of course. But I will here state, that these irregularities did, however, not only attend in cases of hydrothorax. In all forms of dropsy there is more or less of unnatural action of the heart and arteries, but much the most, and most violent, in hydrothorax, but often also, very considerable in cases of ascites. Now for anything that I know, a skilled ear, with stethoscope, might have discovered such structural derangements in some of the cases that I have cured, as are evidently out of and beyond the control of medical remedies. Yet all of them were cured by me; and all these variously deranged pulses came right; these turbulent hearts became quiet, and the pulses every way regular, and the health of course good. Wherefore I would advise all persons afflicted with these irregularities of the heart, attended, more or less, with a sense of fulness of the chest, and more or less difficulty of inspiration, at times; also persons who have long been subjects of asthmatic affection, if they should feel any unusual symptoms, that they had better yield early to an examination into their case, by a regular scientific man, because without a doubt,

asthma is much inclined to terminate in dropsy of the chest. And those other unpleasant and unnatural affections of the heart and breathing, to my knowledge, have been neglected too long, because not believed or apprehended to be indications of the disease, that they really were premonitory symptoms of.

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## ON PERITONEAL DROPSY.

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CASE 1ST.—Peritoneal dropsy mistaken and treated as a case of ascites.

A male about 38 years old. This man was of choleric temperament—black hair and dark brown eyes; dark complexion and apparently thick, rough, skin, but slender form—was through life, remarkably strong and active, healthy and quite industrious. Had, however, for many years, a diseased affection of the kidneys and liver, from which occasionally he suffered very much pain, and a good deal of confinement. His general health, however, by and by, declined gradually during the last three or four years, and he observed himself becoming short winded. Then in the space of a year or two, noticed himself beginning to swell a little; he now felt stiff and quite short-winded; and as is usual, the swelling increased and he became universally dropsical. This was his condition when I first saw him. His abdo-

men felt very firm and hard, but was not very much enlarged. After the fluid was pretty much removed, especially out of his abdomen, and the integuments relaxed, so that his abdomen could be examined, the integuments were found to be much thickened, and impressed a living, unnatural feel, on handling. He had strong abdominal pulsation, when lying on his back. From all the symptoms of the case, and the effect of my treatment, there remains no doubt with me, that his case proceeded from general and strong peritoneal inflammation; and there was evidence ultimately, of adhesion having formed, in parts at least, of the contents of the abdomen and the integuments. This case was treated by me as follows:

MAY 27th.—Gave a large dose Cream Tartar and Jalap—operated well—began diuretic at 2—pulse a little irregular—too frequent.

28th. Found him tolerable this morning—takes diuretic from 6 till 8 at night.

29th. No diuretic effect—took tea from 8 till 8.

30th. Seems only middling this morning—urine clear, but no increase—pulse very frequent and irregular—gave a dose cream tartar and jalap—operated too light—gave tea from 2 till 8.

31st. Nerves affected by the tea, this morning—twinkling before his eyes—pulse slower—gave a dose cream tartar and jalap—did not operate well—takes tea from 2 till 8—sweats freely to-day—no effect on kidneys—was purged severely last night—watery stools.

JUNE 1st. Find him quite weak and a good deal sick this morning—eyes much affected—pulse weak and tangled—is still purging some—flesh and abdomen much relaxed and shrunk.

2d. Rises middling—pulse too frequent and tight



—bowels quite flux now—liver firm—gave a dose of oil and turpentine—operated finely—takes tea from 2 to 8—acts on his bowels.

3d. Rises middling—pulse too tense and frequent still—goes home to-day, 8 miles.

4th. Was taken very bad off the night after got home—sent for me—found him laboring under a deep seated, pungent pain, passing from his kidneys to his liver—has often had these affections—pulse sharp and frequent—perfectly relieved him with an anodine.

5th. Returned—seems smart—pulse more slow and soft than usual—gave cream tartar and sweet spirits of nitre, from 11 till night.

6th. Rises smart—much reduced in swelling—pulse too frequent still—takes tea from 8 till 7.

7th. Rises a little sick—smartly under the influence of the tea—pulse softer and a little slower.

8th. General soreness and tenderness of abdomen and diaphragm—pulse frequent and tight—blistered over abdomen.

9th. Sensibly improved—less tenderness of abdomen on pressure—general painfulness all gone—pulse much softer, but still frequent—takes tea from 12 till 8.

10th. Pretty smart—pulse sensibly slower and more diffuse—urinates more freely—takes tea from 10 till 8.

11th. Is a little weak this morning—urinates pretty freely—not much water in him now—takes cream tartar to act slightly on the bowels and cool the viscera—gave nothing else.

12th. Pretty smart—gave a dose of oil and turpentine—pulse frequent and large—takes tea from 2 till 8.

13th. Rises middling—pulse still much too fre-

quent—gave a dose cream tartar and jalap, operated well—gave the digitalis every 2 hours, from 2 till 8, omitting the tea.

14th. No improvement, except his pulse seems a little slower and softer—takes tea from 10 till 8.

15th. A little improved—pulse softer and more open, still too frequent—sensible pulsation in the abdomen and breast—gentle perspiration all over—takes tea from 10 till 8.

16th. Pulse softer and smaller, but still too frequent—directed to drink freely of cream tartar and some sweet spirits of nitre—tea from 2 till 8—directed 3 Cook's pills on going to bed.

17th. Not smart—the pills act quite freely, but his great difficulty is in his feet, they seem quite painful this morning, and his legs partly so too. He tells me that for a year or more, his feet had felt numb. I judge the uneasiness he complains of now in consequence of life and action returning to the torpid vessels and periostium of those parts, and therefore will be for the better. His pulse and abdomen are both softer and better—takes tea from 2 till 8—is right smart this evening.

18th. Is right smart—pulse some slower and a little softer—is getting quite lean, but still looks too billious—tea from 10 to 8—quite pert this evening—directed 3 Cook's pills every evening.

19th. Rises sickish, from the diuretic—pulse slower; takes nothing to-day.

20th. Rises tolerable; pulse large but more soft; tea from 10 till 8.

21st. Seems pretty smart; pulse too frequent; ordered tea from 10 till 8.

22d. A little sickish, because he took 25 grs. calomel last evening; took salts this morning; all together, operated but slightly.

23d. Rises a little sick, and remained so all day ; pulse a little slower ; took tea from 12 till 6.

24th. Is sick still ; a dose of oil and turpentine ; pulse in the morning and forenoon *very frequent*, slower in the evening, but remains sick all day.

25th. Rather bad off still ; had three black evacuations yesterday from the oil and turpentine ; applied a large fly plaster over his abdomen ; this occasioned him the greatest distress I ever knew from a fly plaster. After the blister was dressed, his pulse became better than ever I felt it. Took cream tartar and sweet spirits of nitre.

26th. Seems some better this morning ; pulse a little too frequent, but has a natural feel.

27th. Improved by the blistering ; pulse still soft, a little too frequent : oil and turpentine operated quite freely ; altogether dark again to-day ; inflammation seems nearly all gone.

28th. Seems only middling smart ; pulse tightening again ; gave last evening 25 grs. calomel, and salts this morning ; operated freely ; took some tea.

29th. Seems rather poorly ; purged a good deal last night ; pulse frequent and tight ; took cream tartar and jalap, operated well ; tea from 12 till 8.

30th. Rises pretty sharp ; pulse improved in frequency ; tea from 8 till 8.

JULY 1st. Rises middling ; pulse a little too frequent, but soft ; tea from 8 till 8.

2d. A little prostrated from the teas the two last days ; pulse soft and seemingly feeble.

3d. Still a little weak ; fixed some strengthening laxative and 12 mercurial pills, and let him go home.

4th. Came back to-day to let me see him ; his pulse is tolerable, and seems middling ; not right ; went home again.

14th. Came back again to-day ; did nothing.

15th. Gave a dose cream tartar and jalap, operated moderately.

16th. Takes cream tartar freely as a cooling laxative, and sweet spirits of nitre; put on abdomen again a fly plaster.

17th. Rested well last night; pulse too frequent and large; blister still more than ordinarily painful, but discharged much yellow water; directed cream tartar freely, and occasionally sweet spirits of nitre.

18th. Seems quite pert; urine crude and cloudy; pulse frequent and large; bal. cop. and sweet spirits of nitre.

19th. Pulse still large and quite frequent; gave a dose cream tartar and jalap.

20th. Seems tolerable; pulse better; bal. cop. and sweet spirits of nitre mixed, and cream tartar as a laxative.

21st. Seems quite smart; pulse much better; bal. cop. &c. as yesterday.

22d. Rises smart; medicine as yesterday; exercises more, and seems stronger than usual.

23d. Seems quite smart, goes home to-day.

AUGUST 1st. Came back, better in general, but sensibly larger in abdomen; not strong.

2d. Gave elaterium, operated freely; sickened tolerably.

3d. Gave do. operated less and sickened less; relaxed abdomen some.

4th. Pulse still frequent; takes tea from 8 till 8.

5th. Seems pert, looks well and fresh; takes tea, was cupped.

6th. Still pert; was cupped again to-day; went home.

From the 8th to 13th. Very little change; pulse too frequent until the 11th; since then slower at times.



14th. Is evidently improving; pulse generally slower and smaller; a little soft.

## REFLECTIONS ON THE FOREGOING CASE.

There was something more done to the foregoing subject, than what is stated above, before I left him; but all about the same kind of treatment, and with about similar effect—the case being evidently one of high and general peritoneal inflammation, not perfectly apprehended by me as such, at first. It is now my opinion, that I treated it too long on principles of common practice, in cases of ascites. I am now prepared to say, that kind of treatment will perhaps never effect a cure of such a case. I know this kind of cases are esteemed always doubtful, and at best, hard to repress in any way yet found out, after the disease is perfectly formed, and has taken thorough possession, formed adhesions, &c. But I will venture to recommend a plan of treatment that seems to me to promise more hope of success, than any other now usually employed, so far as I know.

In difficult cases, it is said to be “hard to give good advice.” This certainly is just such a case. Still, governed by what I have seen in the course of many years’ practice among such cases, and with the aid of as good reasoning as I can get to bear on the subject, I will venture to make some statements relative to the treatment of this usually unmanageable disease.

The most serious difficulty in these cases is, that a practitioner generally cannot, or at any rate, does not decide early enough, that the disease is one of this sort. I know we are too apt to account for the visceral pains and obstinate inflammatory pulse, tenderness of abdomen, &c., upon common principles, and as though

the internal pain and tenderness of abdomen existed in consequence of certain influences that may often not exist, as agents in the case, at all. But a frequent and fatal error is made, when we are first applied to, in a case of this sort, if we are governed only by appearances, and do not duly regard the pains that exist among some of the abdominal viscera and the tenderness and soreness of the muscles and structures of the abdomen, on applying pressure over those parts with the hand; but judging from appearances, determine as I did, a long time, in the above case, that it is a case of ordinary ascites, and treat it only as such.

Inflammation of the peritoneum, is probably always attended more or less, with inflammation of some of the viscera, and some times of all that are contained in the cavity of the abdomen. This extensive derangement will certainly be accompanied with more or less pain. Pains here, should then, sharpen our attention, and instantly excite our apprehension. For the fact is, in a case of mere ascites, there is usually no pain, and certainly no abdominal tenderness, only what little twinges occasionally result from fibrous distention, and this is transitory. And another easily discerned difference between the two diseases is, namely: Persons with ascites will protrude their abdomen much more, in a given length of time, than in a case of peritoneal dropsy. A practitioner should always be jealous of an abdominal case, of some while standing, that comes before him with a moderate expansion of abdomen. In these justly dreaded peritoneal dropsies, the soft integuments of the abdomen, always feel thick and livery; some more so, some less. In some cases the whole abdomen will be thus affected, and in others only a part. And if the subject reclines on his back,

there will be an evident, distinct, and strong pulsation perceived throughout the abdomen. This pulsation, in cases of pure, and ordinary ascites, if observable at all, is not near so strong.

Now I think I have said enough to put practitioners on their guard, and even enough to enable them only to detect cases of this ungovernable kind, from plain cases of genuine ascites. And it now only remains for me to endeavor to point out a way in which such cases ought to be met and treated, as well as I can. In entering on this part of what I esteem my duty, I am fully aware that there is a great difficulty, and even some uncertainty. But in situations in which we cannot do as well as we could desire, we must be content when we do as well as we can, and hope that some one will come after that may do better.†

Admonished by observation, in the course of treating a considerable number of peritoneal cases of dropsy, I am now fully sensible that I have not been in the habit of considering and treating them as cases of as highly inflammatory type, as I now think they deserve. Here, then, is one radical error detected. In noticing my practice in the foregoing case, you will observe many cooling hydragogue cathartics were administered; also some heavy portions of calomel, run off with salts, all pointing to the fact, that I was perplexed with an inflammatory state of the system; sometimes perhaps more local, but at other times more general. My accompanying general treatment indicates, that I was all along too much thinking that common dropsical treatment, with now and then one of those antiphlogistic cathartics, would certainly in due time, subdue the inflammatory state of the system. This plan of treatment has never answered the desired sanative pur-

pose, as I now remember, in one instance. It is time then, to abandon the practice. Cases of this kind are, however, fortunately not very common. And now with my experience aiding me, I would certainly advise a more active antiphlogistic treatment in these cases.

I would suggest bleeding, purging, and perpetual blistering. The pulse in these cases is always inflammatory and will bear bleeding. All practitioners of medicine, know the great utility of bleeding, in inflammatory states of the system: and equally do they know the kindly influence that passes upon an inflammatory structure, when the excessive arterial afflux is abated. Thus, then, bleeding as a remedy, stands justified. Drastic purges are reckoned of a long time among antiphlogistics. Active watery cathartics much diminish the quantity of the circulating mass, and greatly promote the action of the absorbents, so does bleeding also, and both empty the circulatory vessels; and thus together, exert a powerful influence on the deposited serum, wherever that may be deposited, whether among the abdominal integuments, or within the cavity of the abdomen, by exciting the absorbents. When you notice in the foregoing case, you will find that the subject was blistered three times, and each time it would seem that the system had gotten into such an uncontrollable state, attended with inflammatory excitement, that with all my usual means I could make no impression. But from the statements made then after each blistering, it is evident that it produced a very beneficial effect every time it was resorted to. And so blistering, too, stands highly recommended as an adjuvant in treating this sort of cases. I would advise, as one blister dries up, another be



drawn perpetually, until the inflammatory tendency is entirely removed.

But besides the three agents now pointed out, to wit : Bleeding, blistering and purging--I would certainly advise the use of my diuretic after the system is become fully prepared by early and actively using the remedies above pointed out, until the inflammatory diathesis of the system is entirely allayed. And not only would I advise the use of the diuretic, but also water off of cream tartar, strong enough to act as a laxative ; and sweet spirits of nitre occasionally, to aid in cooling the first passages and kidneys. And in this form of dropsy above all others, I think it of importance to restrain the patient with regard to diet. His diet ought to be very spare and the most bland that is possible. And such it ought to be continued until the person may be considered sound well. Exercise either in a carriage or on horseback, at any period after treatment has progressed some time, is highly pernicious ; much more so after treatment than before. And this is a fact that holds good, in perhaps all dropsies--certainly it does in all cases of ascites.

As in consequence of the degree of inflammation, together with the quality of abdominal secretions that attend this form of dropsy, as the vessels now are, there probably always exists a great tendency to forming adhesions of the abdominal viscera, among themselves, as also of the viscera with the integuments, and when either of these forms of adhesion takes place, it is a very serious misfortune to the patient ; therefore I would advise as of first rate importance, to endeavor to subdue the inflammatory state of the system as soon as the same may be done with safety to the patient, by instituting with energy the means above pointed out, forthwith as soon

as called upon to take charge of the case, viz : Bleeding, blistering and purging, &c. It is my opinion that after adhesions are formed, it is possible to overcome the water producing inflammation and save the person's life, and so enable him to linger along some considerable while. I had one such, once. But if the adhesion is considerable, life would impart no comfort, at any rate very little.

### REASONING ON A CASE OF PERITONEAL DROPSY.

Before I finally leave the subject of peritoneal dropsy, I think it will be useful to state in a short way, a case or two of that sort of dropsy, that passed through my hands. To know a disease when a it man meets with it, and to be able clearly to distinguish from all other diseases, is necessary, and in practice of inestimable importance. To do this, the foregoing case, and the statements there made, will, I think, be quite a help. But perhaps to find a little more variety of treatment, will be compatible to practitioners. Here, what little follows that may be considered practical, was in fact only casual, but may be none the less adapted on that account, as a hint for a person to conduct cases that otherwise would present themselves as unmanageable, as peritoneal cases in fact, usually are. The case was this :

A female about ten years old, slender person, blue eyes, light hair, fair skin ; evidently of feeble constitution—was taken in June with peritoneal inflammation—high general fever—heat of surface and thirst. Considerable complaint of painful affections in the abdomen—great tenderness of abdomen on even slight pressure. The case had progressed

when I first saw the child, three or four weeks. What the parents had done in the case up to that time is not noted. The abdomen was beginning sensibly to enlarge when I made my first visit. I blistered over the abdomen, and directed the constant use of gentle cooling laxatives. The child seemed unable to bear strong treatment. The enlargement, however, still progressed. I did not see the little patient as frequently as I thought her case really required. - One reason for my not seeing her oftener was, that I had not the least hope of saving the child's life; and another reason was, I thought the father did not much desire me to come and give close attention. The child's abdomen, however, continued to enlarge and the umbilicus began to protrude, and being finally extended beyond its endurance, it burst and emptied the abdomen perfectly of its contents of foreign matter. When all was discharged, I closed it as well as I could and applied over it an adhesive plaster. But the matter that formed inside, seemed disposed to seek that place as a vent; and so it often burst off the plaster. And I still considering the child certain to die, let us do all we could do, advised the parents to let the plaster go, and for comfort keep cloths to the part, which would receive and absorb the fluid as it formed inside, and oozed through the orifice. This was afterwards so done until the child was well.

The matter that flowed out of the child at the time the umbilicus gave way, was apparently a mixture of about equal parts of serum and pus, with a great number of portions of seemingly membranous films. These were probably portions of the peritoneum. The quantity which run out at first, was not, and could not well be measured, but probably was as much as two gallons, or it may be some more.



From the time of the rupture, for about two weeks, there was in a manner, nothing done for the preservation of the child's life. She continued, indeed, to take gentle laxatives, for she was very feeble and seemed daily to grow more so. My opinion was, she would weaken on from day to day, until life would ultimately be extinguished; because the discharge from the orifice was, considering her a small and feeble subject, very considerable. But still keeping alive, and by this time beyond the limits I had set for her existence, I determined to endeavor to support her constitution under the heavy flux, if I possibly could, and from that time on gave her tonics—mostly iron, sometimes elixir vitriol, and sometimes rust; and at times when she could or would receive it, columbo and quinine.

Thus she went on, and after a while discharged less and less, and daily taking medicine, until the orifice closed and ceased to discharge altogether. All this was effected from the first commencement to the final end, in just about two months. And from that time to the present, now ten years, she has been and remained in the enjoyment of uninterrupted good health, and is the mother of several children.

It is natural to suppose that I should frequently have thought on this case, its treatment and event. I certainly have done so, and now after years' reflection, if I have any opinion on the existence and treatment of such cases, it is, that they had better all be treated artificially as near as possible, as this was almost altogether naturally. To be more definite: I believe the best and I feel authorized to say, perhaps the only, or very near the only scheme by which a person's life can be saved, who is laboring under extensive peritoneal inflammation and subsequent dropsy, is early, that is, as soon as good, un-



disputed evidence exists of palpable fluctuation in the abdomen, to make a large incision, say one inch in length, into the abdomen. This had no doubt best be effected in the *lima alba*, below the umbilicus. Then let all run out, as fast as the patient can bear with comfort and safety. Afterwards, I would advise to keep a tent in the orifice to prevent a union of the sides, but allow the space for the matter collecting inside to escape as fast as it may form. In this way the excoriated and inflamed abdominal structures could throw off their adherent impurities, and cleanse and cool themselves, and the matter thus thrown off would not be retained among the tender, and in many places excoriated parts, to acquire a more acriminous quality, and thereby extend the internal devastation. It is, in my mind, exceedingly probable that the rawness and expoliated state of the inside of the abdomen and the abdominal viscera, is the chief, if indeed, not the only cause of the formation of adhesions among the viscera, and between the viscera and the walls of the abdomen.

I had a patient who died with me, after the water had been all removed from her, at least as much as three or four weeks. She ate as much as a person usually does, but gathered no flesh. She was lean at first and remained so. Finally she declined eating and soon died. I had her body opened in order to examine her abdominal state—we found no space or cavity in her abdomen at all, except a very small cavity in the pelvis. All the viscera and intestines had firmly united, apparently by means of a fleshy union, all the contents of the abdomen were in the same manner firmly united to the diaphragm and common abdominal integuments, forming from the diaphragm down, a solid mass.

Of some more than four hundred dropsical patients

that I have attended, I cannot bring to my recollection more than six well marked cases of what I esteem peritoneal dropsy, depending upon, and proceeding from general peritoneal inflammation. Two only of the six lived. One of the two is the little girl whose case is stated above at large, and the other is a man. He got so well that he still lingers along in life, but is attended with considerable adhesions formed in his abdomen, and therefore, of course does not enjoy good health. My general diuretic plan alone, will not be sufficient in many cases of this sort. Look above, under "Reflections on the foregoing case."

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## INFLAMMATORY DROPSY.

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I am aware that some of the pathologists of the present day, esteem the system that is prepared to become dropsical, as always, or very near always, in an inflammatory state. My own opinion is, that no particular classification can be applied to a system in that state. In most cases, perhaps in all, at the time of the effusion taking place, and for some time before and after that happens, a portion of the circulating vessels are more than ordinarily active, or in an excited state. But this excitement is nearly in every instance, partial, affecting certain tissues, or viscera only. Very few, perhaps none of the common dropsies that we have to do with, are based upon a universal in-

flammatory state of the system. I think all who have well noticed the diseased action of the circulatory vessels of one who is about to go into a dropsical state, must have been struck with the singular fact, that there is something about such persons, in a manner peculiar to such cases, something characteristic, *sui generis*, and by no means attended by an inflammatory state of the general system, as pluries and other febrile affections are. In some instances, I grant, the arterial force has been found sufficiently general and active for the lancet, and bleedings under those circumstances are decidedly beneficial and ought to be resorted to. But in most cases, it will be found that at the same time that something of a congestive excitement is going on upon a viscera or structure internally, the capillary vessels of the surface and the kidneys, will give evidence of torpor and want of action, suffering under constriction. Upon the whole, so far as my observation goes, I would say, the system under the influence of dropsy, is more disposed to sthenic than asthenic diathesis; and the antiphlogistic remedies are more adapted to its condition, than stimulants and tonics. But as there is evidently stricture on some portion or portions of the circulatory vessels, antispasmodics are decidedly indicated in forming a curative plan, that shall fully meet the demands of a dropsical subject, and restore general diffusion and equalization of the circulating fluid to all the parts of the body.

The foregoing remarks are intended to apply to dropsies as they commonly exist; but I have met with four cases that differed very much from the general character of dropsies, and still appeared to be genuine dropsies too. These might deserve the appellation of *Inflammatory Dropsy*.



One of these persons was an old black man, about sixty-four years old, the other three were young persons. All were taken, as far as was known, in a state of good health, and in two or three days were very much swollen. These cases seemed more to partake of anasarcaous type, than either of the other usual forms; however, they all were considerably enlarged, abdominally. They seemed to suffer from a rather dull, deep-seated, strong pain, evidently fixed upon some abdominal structure. Great force and volume of pulse existed with them. Much heat and thirst also attended them; the features of the face indicated an indescribable degree of anxiety; were very restless and hot, over all the surface; the swelling pitted, but was evidently more elastic than is usual in anasarcaous cases.

These few cases of this form that I saw, came on hastily, run out their course speedily, and all soon ended in death, in less than two weeks from their commencement. At the times when these cases presented, I was otherwise professionally very busy, and took but little notice of the particulars of cases of this sort; for which reason I cannot now say what viscus or structure was the principals suffering one; but without doubt, judging by the attending symptoms, there was great internal visceral suffering, attended by strong inflammation, which, by a process to me unknown, had the adaptation to produce this sudden effusion, and by its intrinsic violence, could, and did, destroy life so soon.

I give it as my opinion, that in every instance of this form of dropsy, the remote cause, is cooling off too suddenly after the body has been much heated. This pernicious cooling off, may be effected in various ways; but a very ready one is, being highly heated, and while in that state, receiving into the stom-



ach a large draught of cold water, and then immediately sitting down and remaining still a good while, in a cool place—thus suddenly checking perspiration, and throwing the current inwards, where it will be apt to fall upon that structure or viscus, which is then under more debility than any other, and consequently less capable of averting the afflux with impunity.

All this kind of cases that I have seen, and treated at all, (for one of the four cases which I saw, I did not attempt to do anything for,) I treated on my usual plan of treating dropsy. I now confess that I gave them but little critical or therapeutic treatment—too little, I am constrained to say. And now with my little experience, but a great deal of reflection about these very cases and others a great deal similar; I would unhesitatingly advise the lancet freely, and if the arterial excitement held up, to repeat daily, or twice a day, until the violence of the arterial system is subdued, strong and large doses of hydragogue cathartics. Thus I would advise to go on treating the patient day by day, until the pulse becomes perfectly and permanently soft, or even flat. I much incline to believe that in all such cases, an emetic would be an adjuvant of no ordinary value. Blistering over the viscus, or most tender portion of the abdomen, must not be neglected while the other treatment is attending to. After the violent symptoms are perfectly subdued, but the swelling still remaining either in part or whole, I see no good reason to withhold my diuretic; I believe it would then be efficacious. But I would here say, that when the excessive arterial activity is well removed, the abdominal pains, and general heat of the system all subdued and quieted, by the treatment advised; if now the surface assumes

a natural complection and feel, and the person considerably enfeebled, perhaps the subjoined composition and treatment would be all-sufficient.

Take 2 gr. Aloes.

“ 1 oz. Rust of iron, prepared.

“ 1 oz. Columbo, in powder.

Mix in a pint of any kind of spirits; a table spoon full is a dose, ordinarily; but must be taken so as to act sensibly on the bowels. The bottle must be well shook immediately before pouring out a dose. It may be taken in three table spoon fulls of hoarhound tea, or swallowed by itself.

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## DROPSICAL AFFECTIONS FROM PREGNANCY.

Often it happens, that women in the latter months of gestation, become troubled with swollen feet and ankles. This will not often rise to any serious importance, neither is it often difficult to restrain within moderate bounds: It usually obtains no medical aid, and perhaps needs none; but in cases of a more serious nature, it is necessary to keep the bowels a little more than comfortably free, either with salts or cream of tartar, taken along at option. Losing occasionally a little blood with a lancet, and observing as much as may be consistent with domestic duties, a horizontal position, and dieting light and sparsely will usually be found sufficient, and is indeed, as

much as can well be done with safety, while in a gravid state.

After delivery the bowels should be kept quite flux, something more so than would comport with comfort in health. This must also be effected with cream of tartar, or epsom salts; while at the same time she ought every morning to take a small tea spoon full of the prepared rust of iron, to warm her system, and impart momentum to her blood. So much done at this period, will in all probability be satisfactory.

But cases have occurred, and I have seen a few such, that from impropriety of some sort, and neglecting to attend in due time to the simple directions given above, and it may be from the disadvantageous position of the embryo; also the fault may be in the form of the parts of the mother, which the fœtus now occupies: from one or other of the causes now stated, this swelling has been known to increase and rise up higher and higher still, until it finally occupied the whole system of the mother, and even after delivery proved obstinate under the above gentle treatment, so that in one case of this sort, I was compelled to resort to my usual diuretic treatment, to which, however, it readily yielded, and then all did well.

## WATER WITHIN THE CRANIUM.

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Water within the cranium produces several and somewhat various diseases, all highly nervous and of a very serious character. The nervous diseases that I wish to be understood here as treating of, are these following forms: Apoplexy, Epilepsy, Palsy and Insanity. The reader is now, for always informed, not to understand me as supposing, that an effusion of *serum* on the brain alone, would produce all the effects now attributed to it, because it is well known from *post mortem* inspection, that some of these affections have taken place, in consequence of extravasation of blood upon the brain, and sometimes also, in consequence merely, of too great an afflux of blood upon the brain, producing too great fulness and turgescence of the bloodvessels of the brain, and other states. I only wish to be understood as saying, that serous fluid lodged upon the brain, is capable of producing those nervous derangements, and often does so, and even causing death itself.

It is not worth while for me to stop and attempt to point out, where the water is deposited in these cases, whether between the bone of the cranium and duramater, or between the dura and piamater, or between the piamater and the body of the brain; or whether it is contained within the body of the brain itself, in the ventricles of that important organ. In these cases of nervous derangement, it is all-important to be as certain as possible, that the derange-



ment proceeds from water in the head, pressing unduly upon the brain *somewhere*. If we possess any means to remove the serum out of the inside of the skull short of an operation, it will in practice, make no difference in what particular part of that cavity it is lodged ; because, if taken up at all, it is taken up by the agency of the absorbents, and they are equally distributed through all those parts.

This then, is one reason, why I omit great argumentation to prove, that under such and such a set of symptoms, the serum will be found in such and such a part, and under certain other symptoms it will be found in quite a different part. Such displays might all be strictly true, but in practice would not be worth a farthing. But another and insuperable reason is, that the certainty of where the water is lodged, under any set of symptoms, is not attainable until after death, and opportunities of this sort of ascertainment, I have not had. The principal fact of importance in this matter, is granted, I believe, by all pathological writers, both ancient and modern ; that sometimes serum does collect upon the brain, and when there collected and found, was believed to have caused the disease which was the death of the subject. This universal admission is all-sufficient for my purpose.

Such is the delicacy of the brain, and importance too, that it should possess a due degree of tone, and neither much more, nor much less tone may be continued for any considerable length of time, without serious disorder to the mental and muscular action ; that the wise Creator has provided cavities within the body of the brain, where may be deposited a portion of the redundant blood, that may at times be driven through the brain, which blood afterwards becomes absorbed and carried into the circu-

lating mass again. But the inside of the cranium, like all other cavities in the human body, is liable to disease ; and this diseased state of the internal vessels of the skull, is often such as to qualify them to deposit serum into that cavity, as in other diseased circulatory structures, happens to other cavities, each structure of deranged blood vessels, making a serous deposite into its own appropriate cavity.

Thus it may seem that the several structures and ramifications of the blood vessels of the cranium are liable to become diseased in that part of the human system, and fitted to effuse serum into the cavity of the cranium, the same way as diseased vessels of other cavities effuse serum into their appropriate cavities, with this difference only, that deposits made by diseased vessels, into the cellular tissue, into the abdomen or into the chest, merely fill those cavities ; but deposits made upon the brain, or within the cranium, will impart too much tone to the brain, and so deprive the person thus afflicted, of the use of his right mind, or the voluntary control of his muscular action.

From what is now said, I think all unbiased and unprejudiced persons may see in what way, I believe it happens that the serum is formed within the cranium that produces those irregularities that attend each one of the former diseases, named above, namely : Apoplexy, Epilepsy, Palsy and Insanity, when they or either of them form from serum on the brain ; for it is well known to writers on pathology, that each one of those diseases may exist, or take place, in consequence, either of serous or sanguinous fullness of cranium, and consequently under pressure upon the brain. I will now only further state, that I have long believed, that the one or the other of the foregoing diseases was produced, according as the wa-

ter in the head was lodged, and pressing on one or another part of the brain; and the degrees of intensity of the effect on the nerves, was determined by the quantity effused, and consequently the amount of pressure on the brain. It is well known that fits of Epilepsy get stronger, and often more frequent too, with age or length of continuance, and Apoplexy, if its first shock does not bereave the subject of life, the second stroke will be more serious than the first, and the third to a proverb, will kill. The same of Palsy. Insanity left to itself, is certain to increase in intensity, until it arrives at a certain point of virulence, or deprives the person of life. Now, this confessed, and well known augmentation of intensity of the nervous irregularity is, I think, proof positive, of the increase and accumulation of the original cause—serum on the brain.

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## SYMPTOMS FROM SERUM ON THE BRAIN.

Dropsy within the cranium, producing the diseases just now pointed out, is usually attended with some of the following symptoms, as well as I have been able to observe them. Headache, and perhaps mostly in the forepart of the head—painful dartings from one temple to the other. These affections of the head, are often excruciatingly severe—a sense, more or less of giddiness of the head, attend-



ed at the same time, with a sense of weight in the head. Liability to roaring in the head; at times there is an evident pulsation felt in the head; frequent bleedings from the nose; these are usually small; occasionally, and only by spells, imperfect vision; a seeming hurry of the mind, favoring inebriation, is often observable; the judgment is often sensibly imperfect; these persons sleep unusually heavy, and their sleep is apt to be attended with strong snoring, &c.

If after these, or some of these symptoms have been known to exist with a person for some time, he should be taken with epilepsy, paralysis, &c. there need remain no doubt of the cause being pressure, and probably serous pressure on the brain. But I believe that a number of the subjects of these diseases, attended with undue pressure on the brain, are not sensible of any derangement existing in their heads. And with my experience, which is, however, quite limited in these diseases, I am induced to believe, that all the symptoms a subject is sensible of, will not in every instance, be sufficient to direct our judgment in forming an opinion. For, in some of the few cases which I have attended to, they said, after they were well, they were sensible of an unnatural state of things to have existed in the head, which they, before recovery, were insensible of existing with them, and I further believe, that the cause of epilepsy, paralysis and insanity too, is much more frequently a dropsical or watery head, than has been hitherto generally supposed; and if such persons were treated in a way to remove the water off their brain, they would get well.

Great nervous derangements, such as are named above as diseases from water in the heads, are in their appearance and effect exceedingly various,



yet all may have the same cause ; serous lodgments upon the brain. Wherefore, I think all irregularities of this kind, which cannot be traced to any known cause, might deserve a trial of the medicine, here about to be recommended to remove water out of the head.

## TREATMENT OF EPILEPSY FROM WATER ON THE BRAIN.

On commencing treatment to draw the water out of the head of a person on whom water there produces epilepsy ; I would advise to commence with administering an active cathartic, consisting of twenty grains of calomel, given at bedtime, and run off with a heavy dose of salts, next morning. After the purge is well done operating, which will certainly be the case at 2 o'clock, so that at 2 you commence using the diuretic as usual, during the afternoon of this first day. You will give four table spoon fulls of the seneca and not quite one table spoonfull of the digitalis—alternating the two articles as is usual, (see treatment of anasarca,) so as to give each article every two hours, but the one or the other every hour. You will go on so, until eight o'clock at night.

On the second day, begin giving the diuretic at eight in the morning, and continue giving it every hour, all day, until eight at night again. Always begin and end by giving the seneca first and last. Alternate the two articles to-day again, as before directed ; but on this day you will give five table-spoon fulls of the seneca and two of the digitals.

On the third, fourth, &c. days, you will begin at the same time of day, as on the second day, and give the same quantity, alternating as formerly ;

and so keep on daily, at the same time watching your patient well, and as soon as you find that his nerves give evidence of the system being fully charged, desist. (See note 7th.) And now discontinue the diuretic a day or two, to give time for those nervous symptoms to subside in a good degree, and in this while you will give a heavy hydragogue cathartic. After the nervous affections have somewhat subsided, you will enter upon the administration of the diuretic again, and go on with it as long as his nerves can bear it, before you again desist giving it. This is to be observed in every course of giving the diuretic, to wit: Giving the medicine as long as the system can bear it, (Note 22,) and during every suspense of the diuretic, if nothing forbids, you ought to administer an active hydragogue cathartic, until there is evidence that the water is all removed out of the head.

In some cases, I have thought the fits have become more frequent, and even more strong, as the system was more and more filling with the diuretic. In others, however, as soon as the subject became somewhat full, and the pulse and all well under the influence of the diuretic, the fits perfectly ceased. I will however say here, that persons, either way affected as regards fits, (when this treatment is likely to cure them,) will about this time, display a strange, and quite evident deficiency of mental power. (Note 23.)

It seems easy to see the cause of this stated mental dereliction, and as it is of no material consequence in practice, whether we certainly know the true cause of it or not, I shall say but little about it. One thing is certain, and that is enough in practice, to wit: The brain requires a due degree of tone to enable it to supply the mind with regular ideas, and

the muscles with due strength. This tone being of usual degree, the understanding of the subject will be as perfect as his Maker intended it should be. Much increase of tone will bring on distraction and incoherence of ideas, as is the case in a fit of inebriation. A deficiency of tone is attended with debility of mind, and paucity of ideas, as is observable upon a person in a protracted nervous fever.

So far as I have been able to judge what would be the proper management of epileptics, from the small number of cases that I have attended, I think I would recommend the following plan: Give my diuretic medicine very actively at first, and every six, eight, or ten days, an active hydragogue cathartic, and do so on until that peculiar state of mind, referred to above, (see note 23,) has been once well produced, perhaps oftener than once cannot in many cases be effected. After this has been attained, I would advise to encourage them to mix with company. I now suppose that the fits have much moderated, or entirely ceased. But if fits still more or less continue, I would advise the diuretic to be continued, heavy on, until a second effect on the mind is produced, or the fits altogether discontinue; and whenever the fits have ceased, I think company, and pleasant lively company, had best be granted them. But occasionally, say once in from ten days to two weeks, let the diuretic be administered in a degree of moderation.

Governed by the few cases which I have attended, it is my opinion, that when the cause of fits, (water upon the brain,) has yielded, and the water is even perfectly removed, the fits do not always immediately and perfectly cease, but gradually, and in some time, they will finally cease. I think, however, this will only be so in old and long continu-



ed cases, but not every time, even in those kind of cases,—for one of my patients had been fourteen years, in succession, exercised by fits, when I attended him, and as soon as he got under the influence of the medicine, his fits ceased. But be all this as it may, in some cases the fits will not, at once, cease; and such cases will require time, and some management, as may suggest itself to the practitioner. Stimulation may be tried, with great prudence.

After the water has been perfectly removed, as may be judged by the indications given before, in their proper places, the patient had better be directed to take occasionally a course of the diuretic medicine, say one course every ten or fifteen days, governed by attending symptoms, for four or five months; and be very strongly enjoined not to exercise to a degree of heating his blood much, and be very careful to cool off gradually, in case he should get more than ordinarily warm. Also should he be admonished against fatiguing himself excessively. In winter his feet should be kept as warm as possible. I do not think that a subject of epilepsy ought to be encouraged to believe himself perfectly secure in his recovery, under twelve months from the commencement of his treatment,—this is, however, only to be understood as applying to cases of some years' standing. Persons of this kind too, should be specially enjoined to avoid the use of intoxicating drink, and fits of anger, or any sudden high excitement of the mind, either of joy or fear: as all such irregularities would certainly be injurious. If there should be observed to exist, a great tendency of the blood to the head, bathing the feet frequently, in warm water, and applying cold water freely to the head, with laxative bowels and blood letting, according to the pulse, must be enjoined.



## ON THE NATURE AND TREATMENT OF PARALYSIS.

It is well known to the medical world—yes, *much too well*—that in cases of paralytic affection from water or extravasated blood on the brain, there is no certain, no undoubted and reliable remedy at hand. But the fact is, there is often water only, but sometimes extravasated blood, lodged upon the brain, the most tender and delicate, and most important organ in all the structure of the human body. And these deposits are believed—yes, they are *known* to have done mischief there, and ought to be gotten away speedily, to relieve the person, the subject of this scene, from suffering, ay, from death itself, it may be; and a very miserable form of death too—half dead and half not dead, while living—partly rational, but partly bereft of right reason in many cases. But it is not worth while for me to paint here—all know the picture; and every body that sees one in this state is compelled, painfully, to sympathize with him, and would relieve the sufferer instantly if it were in his power.

Now, to be present under such circumstances—the attending, it may be the highly esteemed “family physician”—and see himself looked to by the patient, and all present, relatives and friends, with expectant eyes; O! the unpleasant feelings that a considerate physician, has, when he looks at and sees all this, and knows that he has no sure, no reliable remedial treatment at his command; but in making out his prescription, is compelled to rely on

some few poor, and, for the most part, inadequate and unavailing remedies.

Time, with the healing power of nature, if the seat of the affection is not upon too delicate a part of that sensitive organ, the brain, may so divide the pressure, and besides, by a strange but fortunate and wisely ordered capacity of the human system, of accommodating itself to casualties, may, and generally will, bring things into a better, or at least less distressful condition. And if the person is not "struck a second and then a third time," and so becomes speedily deprived of life, these natural powers, together with time and a little help, it may be, from the attending physician, may, and do, in some degree, often restore to vitality and voluntary use, the portion of nerves which produce this sad state of things, and the condition of the person will be essentially improved. But such persons will very seldom, perhaps never, become restored by these efforts of nature and time; together with all that art now can do, to perfect and original soundness and agility of bodily faculties.

It would seem to be only sporting with words, to enter upon a lengthy exhibition of arguments, to show the utter destitution the profession labors under, with regard to substantial and reliable remedies with which to meet the demands of the system of one under paralytic affection. If the cause of the palsy is what our pathologists inform us it is, viz. a deposit of serum, or extravasation of blood upon the brain—and no one doubts the truth of that as the cause—then this cause, the serum or blood, must be removed out of the head, before the effect produced by it will cease. This fluid must be drawn off the brain, to relieve the brain of that benumb-

ing pressure on the nerves. This is evident at first sight, and needs no proof.

Happily for those afflicted with paralytic diseases, which proceed either from serum effused, or blood extravasated upon the brain, *anywhere*, to suit all such cases, I feel happy that I can say, I believe I have found a remedy, *a sure relief*, to remove the cause of their discomfort. And if, in my calculation on the efficacy of my diuretic for all such cases, I am not greatly mistaken, I may raise my thoughts and look a little into futurity, and estimate the amount of human suffering I have been made the instrument of saving my fellow men from. The amount of suffering averted from the afflicted will be truly great, if my diuretic acts as potently in removing foreign matter from the brain, in cases where such matter, lying on any part of that system, produces palsy in its various forms, as when the same state of things existing on the brain, eventuates in epilepsy. - And I am constrained to say, I see no cause for which it might not—the cause of both diseases being the same, attended with some shades of difference only, but substantially the same, and perhaps differing only in the place of occupancy.

I am truly sorry that I was not earlier in life struck with the sameness of the cause of the two diseases—epilepsy and palsy—so that I could myself have tested the efficacy of my diuretic on a few cases of palsy, before I felt myself compelled to write this. If I had tested its efficiency in cases of this sort, I believe that I might now say, that it had perfectly relieved paralytics. But I will say, practitioners need not hesitate to use it in paralytic cases, because it may, to their knowledge, never have been given in such cases, viz. cases of palsy.



I can here say, that the time once was, that I had never tested its efficacy on epileptics; and in that instance I had nothing analagous to prompt me, only the fact that the cavity of the cranium had absorbents, as other cavities have, out of which I had taken the water. I tried it, however, and found it perform exceedingly much to my satisfaction; and so I think it will do in cases of paralysis. My diuretic composition is certainly a very powerful promoter of the absorbents; so much so, that whether there be blood or serum deposited on the brain, the medicine will influence and excite the absorbents, so as to induce them to take it up.

I will now only further add, in case it should be a fact—and I have no disposition to call it in question—that there has been found in the brain, *post mortem*, from paralysis, indubitable evidence of the disease having been occasioned by inflammation and turgescence of the blood vessels of various membranes inside the skull. Now, supposing this to be a fact, the Digitalis of my diuretic composition will, by a medical influence almost peculiar to itself, act in such a case, restrictively on the portion of blood-vessels that may be in that state, and so remove the afflux and fullness now acting on the brain, as the cause of paralytic affection. But aside of this, the two portions, constituting jointly my diuretic, exert, together, a very salutary influence on diseased structures, which are in an inflammatory state; emptying full and turgid vessels, as well as viscera, and restoring parts thus deranged, to usual and healthy action.

So far as I can take it upon myself to impart directions to practitioners, in regard to the manner of administering my diuretic, in a case of paralysis, I would advise to observe all the directions given, in



treating an epileptic. I can see no good reason to vary the treatment of the two diseases, seeing the cause of both affections is the same—effused fluid upon the brain, or a superordinary fullness of the brain, produced by vascular turgescence. And further, it may be that one or the other form of diseased affection, epilepsy or palsy, is produced according as one or another portion of the brain is the seat of the morbid affection. And this I much incline to state, as it is my favorite opinion. I further think it very probable, when the serum or blood, imparting the unused fullness and pressure on the brain, is removed, that the same dereliction of mind may take place in this as in epilepsy. (See note 23.)

It is not to be supposed that, without any practical experience, I can state all the particulars of the treatment and special management, that may be demanded in the course of conducting cases of palsy on this, my new mode. In all, it is very probable some special management will be required; and certainly in some cases much more than in others. My particular diuretic composition exerts great influence on the absorbents, and produces wonderful benefit, when the system is in a suitable state. But notwithstanding its potency is great, as now stated, it will only do what it can do; and, in many instances, will leave some things to be effected by other medical agents. This is its character and manner of performing in common dropsies of the several forms, when of long standing; and therefore, without a doubt, may be expected to be the case in diseases of the brain. And these *extras*—these *addenda*—are obliged, in a good degree, to be left to the judgment and discretion of the attending physician, knowing what parts are in

need of being acted upon, and considering what change or changes are desired to be effected; and now watching and well observing whether the desired effect has been obtained, and if not obtained, critically to pry into, and search for, the cause why this failure exists. If your medicine has power to effect a certain purpose, and it is duly given, but without avail, there certainly exists a cause. This cause should be determined, and on common principles of good practice, attempted to be removed by the attending physician. But more of this in another place. (See note 13.)

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## APOPLEXY.

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Cases of apoplexy will in general afford but little, if any opportunity of administering aid from medical treatment, because, in attacks of this kind, persons are generally rendered incapable of much voluntary effort of any kind; wherefore I would say, as apoplexy is produced in a similar way as palsy and epilepsy, viz: by cerebral derangements, from deposits on the brain, if the sufferer should be, or at any time comes to be, able to take my diuretic medicine, I would strongly advise that it should be given, because nearly every instance of that affection, is brought on either by extravasation of blood upon the brain, or effusions of serum, so that if the per-

son only possesses the power of deglutition and rationality, he ought forthwith, be put upon taking the medicine, premising copious blood letting. On good therapeutic principles, I would advise to administer the *Digitalis* quite liberally, and the *Seneca* only lightly in affections of this kind. The propriety of this practice can be easily perceived.

As in this affection, generally, all medical treatment is precluded by the inutility, to the subject, of his ordinary voluntary faculties, occasioned by the shock which the brain has received, and nothing can be done, that the profession is acquainted with, likely to afford certain relief, except the little promise that there is in bleeding, both general and topical, cupping, blistering, repellants, &c., it is not prudent for me to dwell any longer on the treatment of apoplexy, because I have never attempted to conduct a case of it on my new plan—therefore, must refer the practitioner to what little has been said, and to his own good judgment.

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## INSANITY.

With regard to cases of insanity, occasioned very usually by water effused on the brain. That this is so, is universally admitted from great antiquity. But owing to the utter bereavement of rationality of the subject, accompanying the disease, it happens that usually, but little can be done with medi-

cine, for such unfortunate persons. As an utter destitution of the powers of the mind of a highly esteemed member of a family, and that probably for life, is truly a very great blast to the hopes of a family, and the comfort and domestic enjoyment of a household, and often even a whole neighborhood, therefore it would be well to try for relief and do all that possibly can be done, by such treatment as promises any rational ground of hope for relief, from so great a calamity.

Influenced by the views and considerations now stated, as well as by ocular evidence in such cases, I would recommend to do, what is indeed often now done, and has been the practice for many ages past, viz : Let the head of such an one be trepanned, and while that is open, let the water be gotten out, as much as can be. And if water is found in the head, as usually there will be, the patient will presently, very sensibly become more rational. I would advise that all who thus become improved by the discharge of water, in consequence of trepanning, should immediately have the diuretic administered to them, in quite full doses, (five table spoon fulls of the seneca and one spoon full of the digitalis,) and at regular hourly intervals, alternating the two articles as usual. And thus I would advise; carrying on the case, day by day, without intermission, as long as the nerves of the person will possibly bear. As soon as a suspension of the diuretic was indicated, I would advise a hydragogue cathartic, stronger or weaker, according to the strength of the patient. Thus I would advise to push the case on, and I feel assured that ultimate success will crown the effort.

Trepanning, without preventing a re-accumulation, would be in my estimation, just like tapping



a person and letting the cause of accumulation operate on. Persons may thus have become partially relieved of the proximate cause of their insanity, as public records attest. But I should esteem it not near so certain and permanent, as, after removing the cause of insanity, by opening the head, and letting out the water, and by that means restoring the person to some improved degree of rationality; then, forthwith, administering medicine that is calculated to prevent a re-accumulation, and regulate and set to healthy action the vessels of the diseased portion of the brain, which occasioned the deposit. By doing as is now pointed out, I believe many of these unfortunate persons might be reclaimed. I have seen a few persons, who in process of time, became obstinately and violently insane, who would at first, have been capable of being prevailed upon to take medicine. Even then, a person might easily know them to be insane. These persons usually seem wrong only on one, or at most, a very few points at first. Persons while in this state, properly the incipient stage of insanity, ought to take my diuretic heavily. By doing so, I have no doubt they would be saved the operation of trepanning, and probably insanity for life.

## ASTHMA.

This disease is now so well known by all classes of people, that a particular description is not thought necessary here. It certainly is a most distressing disease, attended with just alarm to the subject. A person laboring under a heavy attack, often feels certain of instant suffocation. The characteristic difficulty attending in this complaint is : a difficult or short breathing, or a laborious wheezing inspiration, attended with a sense of straightness in the breast, as if a strong bandage were drawn very tight around the chest.

There are indeed several varieties of this disease, but as this essay is not intended as a systematic display, I shall pass by all minor distinctions, by whatever names nosologists may have classed them, into various genera and species, and content myself by expressing my desire to be understood as treating of any and all diseases attended with stricture of the chest, and a wheezing, difficult breathing. In a word, all serious, and more or less permanent difficulties of the respiratory organs, originating from constriction.

It may be deduced from the known powers of the several components of my hydropic compound, that it must possess, in a high degree, besides diuretic qualities, that also of a superior anti-spasmodic. It is by its exerting this influence on the system, that it is useful to a great degree, in removing a confirmed dropsical diathesis. In such a case the kidneys are constricted, the surface is dry, and the insensible pores closed up ; all these known states of the system, are more or less evincive of a constrictive

spasmodic state. My diuretic is known to relax and remove all these derangements, and this must be done by its anti-spasmodic and relaxant power, and hence, then, its admirable efficiency in asthma, which is confessedly a spasmodic disease.

I cured many asthmatics of asthma, while I was treating them designedly, only with a view of curing them of hydrothoracic dropsy. A long continued asthma is apt to induce hydrothorax. These were the cases I cured, both of dropsy and asthma, when I really had no respect to asthma, and indeed in several instances, I did not even know at the time of treating them for the dropsy, that they were subject to asthmatic disease, but years after I had cured them of dropsy, they told me that since I had cured them of dropsy, they felt no more the asthma, to which they had long been habitually and heavily subject. Thus it seemed, they were cured of both diseases at the same time, and by using the same medicine. Some of these persons had been quite long suffering under asthmatic affection. One of them, I well remember, told me that he had been a subject of asthma from a boy, and he is now sixty odd years old. A certain medical gentleman, however, whom I cured, both of dropsy and asthma, was the first person who induced me to try my diuretic on pure cases of asthma. I tested my medicine on such cases and succeeded. This medical gentleman, when he came to me, was, besides being anasarcosely dropsical, into which state he fell by excessive loss of blood, (in order to break the asthmatic spasm, which was very obstinate,) under my diuretic treatment for drop-

As in asthma, unmixed with dropsy, there will sy. He soon had relief from both diseases. be no water to run off the redundance of the diuret-

ic, by the kidneys, as happens in dropsies; the practitioner must notice the nervous system and give the medicine according to the capacity of the nerves. I advise that my diuretic be given, about of ordinary quantity, (see treatment of dropsy,) until the nerves give way, (see note 7th ) then discontinue, until the nerves are restored to their ordinary state, which will take a day or two, then administer the diuretic again, and so you will go on until the spasm and tightness of the breast have become relaxed, and breathing can be performed with tolerable comfort; after this you will direct smaller doses, and to be given only a part of each day, with two and three days intervals, so as merely to keep the pulse sensibly under the influence of the medicine. The diuretic will produce a soft and slow pulse.

I advise that in asthma as well as in dropsies, a person be kept three or four weeks under the influence of my diuretic. The stricture of the chest will indeed be removed, or comparatively so at furthest, in the course of the first week of taking it, but the spasmodic diathesis of the respiratory apparatus must be rooted out, and perfectly changed back to health. That this be well done, any one can see at once that it may require at least as much as three or four weeks. That even might seem to a practical man, as too short a time; but governed, as I was at first, by the length of time my dropsical asthmatics were under treatment for dropsy, in which time they obtained a cure of their asthmatic liabilities, as well as of dropsy, so that the asthma never returned on them again, thus it is seen why I adopted the same period, and as near as one can, the same quantities of medicine, with my first purely asthmatic patient, that I usually observe with my dropsical



patients, and seeing my first patient got well and remain well, I adopted that time with all, or very nearly all my subsequent cases. That length of time will answer; whether much less would, is unknown to me, but think it very doubtful.

In making out directions by which to treat asthma, I find it impossible to avoid leaving a good deal to the judgment of the attending physician; for instance, the spasm of one person may be more fixed and of a nature more slow to yield, while in others, the spasm yields at once, although apparently as strong an onset, as frequent of recurrence, and left to nature, as slow to relax as any. I must, however, confess that so far as I have practised in asthma, I have found all the cases yield very early, none exceeding two days. These things must be watched, and fitly met, in case any thing untoward should appear, by the attending physician. The nerves too, of different persons bear medicine very differently. All such things require some watching over, and of a nature that I cannot here state. I have never, in one case, given additional pectoral or other medicine, except cooling cathartics. I incline to think any pectoral appendage would be altogether useless, if not even hurtful.

Before closing on asthma, I feel it my duty to state, that I have reason to doubt the fitness of cold winter atmosphere, when one would attempt to make a *cure* in a case of asthma, unless the best of care is taken by the patient, to save himself from sudden and great vicissitudes from warm to cold air. I think it doubtful that an abiding cure can be effected if the subject is permitted to go out in all weather, following his usual out-of-door business, while taking the diuretics, in common raw winter weather. Under such circumstances, all that can

be promised and ought to be expected, is exemption from usual heavy fits of asthma. The soft spring and summer seasons, are to be preferred. I scarcely need to remind the scientific man, that the disease under consideration is a spasmodic one, and that the plan for removing it, must be strictly anti-spasmodic, in order to succeed. My diuretic is truly and powerfully such an article, and therefore will break up and remove that spasmodic diathesis, the re-producing cause of asthma, if no attending circumstance more potent than it, is suffered to attend. Cold is constricting, and of course the very opposite in its tendency to what is intended to be effected by my composition, and therefore clearly pernicious.

### ADDITIONAL REFLECTIONS ON THE FOREGOING.

Thus I have given and communicated all, I believe, that I possess of value, or think necessary to communicate, on the regular treatment of diseases, to which man is incident, either from an effusion of serum, or extravasation, or accumulation of blood, any where inside of the cranium, or in any other cavity, for the removing of which, my diuretic compound possesses special virtues, so far as now known to me. In giving my treatment, I was careful to name all the places that are made use of by nature, as places of deposit, on these occasions. There are some cavities in the human body, besides those which I named, that are sometimes found to contain serum; as, the pericardium, which has often been found quite full of serum, and very much distended. But as I possess no certain diagnostic, by which to distinguish and know

that the patient is then laboring under pericardial dropsy, and not hydrothorax, I wish to be understood as embracing cases of pericardial dropsy under my treatment of hydrothorax. I the more readily did so, as in practice there is no difference; only I have thought that in cases which I believed pericardial, to remove the water required more activity in the administration of my diuretic, than common hydrothorax.

What is commonly called dropsy of the uterus, or any of its appendages, is intended to be fully embraced, and was so designed, under the denomination of ascites. The treatment of ascites, recommended under that head, will answer for collections of water in the abdomen, from any cause. The water will be thrown into the abdomen, whether proceeding from uterine derangement, peritoneal, hepatic, or any other visceral or structural disease in that part of the body. Therefore, for the sake of brevity, I name ascites, but intend to be understood, embracing in my treatment, all the dropsies occasioned by the derangement of any of the organs, that effuse serum into that cavity, when in a suitable state of derangement for effusion. Encysted dropsies will, probably, never be removed and cured by medicine. Such sacks are altogether destitute of absorbents. Neither will hydrocele be subject to my diuretic treatment. If I have any opinion at all on the subject of those unnatural and partial deposits of serous matter, which sometimes take place on various parts of the body, but do not materially affect the constitution of the person, I would say, none of that kind of cases, in all likelihood, will be benefited by my diuretic treatment.

It may not be amiss here, to show that the use of my diuretic in diseases other than common dropsies, as I now have done, is not empiricism,

with which some might be disposed to brand my foregoing statements; and it may be, statements elsewhere made, of a similar kind. It might be said, that my medicine would do, probably, to cure dropsy, but cannot be expected to cure every other bad complaint. So it may not. But on closer observation, it may be readily seen, that I do not recommend it in any case, only where it is to act as a diuretic, a promoter of the absorbents, or as an anti-spasmodic. Now it is known, that my diuretic composition is a first rate promoter of the absorbents, is a powerful diuretic, and is perhaps excelled by nothing now known and now in use as an anti-spasmodic. The one or the other of those now named powers, it is expected to exert in every instance, when it is recommended by me, wherever found in this little volume, and I will here state that I believe the same, or something much like the same composition, might be profitably employed in several, it may be many diseases, that I do not say anything about. The agents are potent, all must agree. If vitality in any chronic case, is too low, there can perhaps be nothing administered as a stimulus, that would be equally certain to raise it, and retain the same degree of permanence, without affecting the brain, as the seneca; and again, if the brain, in any old lingering disease, should seem to suffer from fullness, or excessive tendency to the brain, the digitalis would be naturally indicated; and if needs be, its excess of repellant influence from the brain, indicated by the softness and slowness of the pulse, would again be contracted by the stimulant action of the seneca, administered at the same time. Thus, the torpid parts of the system might and would be



aroused, so that usual remedies would have a better effect. No doubt we often lose patients, for want of the system being equally excited.

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## SOME GENERAL REMARKS.

As a perfect understanding of my mode of treating dropsical persons, is conceived by me, as of the utmost importance, both to physician and patient, I beg the mere reader to excuse me, for introducing a few pages here that will seem to him, quite destitute of interest ; but the solicitous practitioner, will find it altogether interesting. He will learn by looking over it, that I do not depend solely upon my diuretic, to perform and do every thing that is necessary to be done by medicine, to effect a cure in a case of dropsy. That composition of mine, will indeed effect some changes in the system, better than any thing else will, with which the profession is now acquainted, and which changes are indispensable in restoring to speedy and perfect soundness, the various circulatory, secretory and excretory structures of a greatly deranged human system. It will be found to act sanatively on the heart and circulatory system, and if this, as it often is, greatly too active, it possesses the power of reducing that excess, and this it does, probably, by the influence of the digitalis on the nerves. And again, if the sensorial power is greatly deficient, this being evinced

by a too feeble action of the circulatory apparatus, and entire torpidity of the capillary system, the seneca will impart energy to the fibres constituting the structure of the whole body ; which accelerating influence is equally imparted to the brain and nervous system. And thus it is, that the pulse will become more energetic and healthy. Thus, I look upon it, the desired medium of the action of the heart, and circulation is obtained. Part of the compound possessing power the tendency of which is to excite, while another part of said compound represses the sensorial influence upon the heart and arterial system, he will see, too, that in the progress of treating one of these old and bad cases, attended with considerable functional, and often structural derangements, I introduce several different articles ; some as adjuvants, and others, to effect other particular remedial purposes ; and finally, he will see that, as I commonly express it, " my diuretic will only do what the articles composing it will enable it to do," but will leave much to be done with other medicine.

I think it proper here to append a few cases of dropsy treated by me, showing my daily practice, as in all probability, best calculated to give a perfect view to a practitioner, of my manner of treating dropsical persons ; in which exhibition, I give a daily statement of the condition of my patients, as well as I can, concisely ; as also, the means with which I try to meet current evolvments.

The cases which I shall select, to pass before my readers, shall all be such as had something attending them, which constituted them at the time of treatment, more difficult than common cases are esteemed to be ; besides common cases of the three or-

dinary forms—anasarca, ascites and hydrothorax, are fully treated under their several names.

The several cases that follow, are taken from my note book.

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CASE II—ASCITES OF ABOUT TWO YEARS' STANDING.

A female aged about thirty-five years—of choleric temperament—black hair and eyes—dark skin—florid lips—features and limbs shrunk, but her abdomen quite large, and tense—pulse frequent, small and firm—has received a good deal of treatment—fell into this state after an attack of bilious fever. Upon the whole, not a case of good promise.

MAY 12th. Gave early in the morning, a dose of cream tartar and jalap. Reported to have operated well. At twelve o'clock, began to give my diuretic---continued till eight at night.

13th. Diuretic, from six till eight at night, four spoon fulls and one.

14th. Found her quite sick this morning; had been so a good part of the night; pulse soft and more voluminous; in a state of general perspiration; some increase and clearness of urine; bowels a little excited; every way more promising; gave nothing to-day.

15th. Entirely clear of sickness to-day; sensibly perspiring all day; pulse mostly soft, sometimes a little tight; always slow enough; bowels active enough; perhaps no urinary increase, but quite clear; took nothing to-day.

16th. Pulse some too large and active every way; gave early, a dose oil and turpentine; at twelve commenced the diuretic again.

17th. Took tea from eight till eight; pulse still too large this evening; no sensible increase of urine;

seems shrinking in the face and arms ; says the upper part of the abdomen is sensibly more lax than the lower part.

18th. Considerably sick last night and forepart of to-day ; pulse too large all day ; towards evening got slower and soft, but still too voluminous ; complains of back ; sweats a good deal, all day ; bowels free enough ; no increase of diuresis ; gave nothing all day.

19th. Not sick this morning, except from a dose of cream tartar and jalap ; operated freely ; pulse slow and soft enough ; lips continue florid.

20th. Rises smart this morning ; much reduced in bulk ; pulse tolerable ; took tea from ten till eight, and seemed pert all the while ; complexion sensibly becoming clearer.

21st. My patient seems quite smart, but pulse too voluminous ; gave a dose oil and turpentine ; sickened some, but not so much as formerly.

22d. Seems quite pert to-day ; took tea from ten till seven ; sweats freely all day ; pulse still too large and full ; much reduced in abdomen.

23d. Rises pert this morning ; pulse nearly right ; the anterior part of the liver sensibly enlarged ; firm and tender on pressure ; gave oil and turpentine.

24th. Is so-so ; no worse ; improving a little, I reckon.

25th. Rises a little sick ; gave a dose cream tartar and jalap ; pulse soft and tolerably slow ; purged rather too long, and too much ; is quite exhausted and sick this evening.

26th. Rises pretty smart ; pulse very good, slow and soft ; not so sore in the hepatic region on pressure ; gave a pill at bedtime, containing four grains calomel ; operated well ; not much sick.



27th. Rises so-so ; pulse voluminous ; gave another four grains pill this morning ; acted some ; the water seems all gone ; gave fourteen grains calomel on going to bed.

28th. Find her quite smart—not purged through the night ; gave oil and turpentine ; tea from twelve till seven, in small doses ; began mercurial pills to-night.

29th. Rises pretty smart ; takes tea in half doses from twelve till six ; quite smart.

30th. Rises smart ; is getting quite flat ; water all gone ; tea from two till eight, half doses.

31st. Rises pert ; takes nothing to-day besides her mercurial pills.

JUNE 1st. Find her quite pert ; made examination of the liver ; felt a little firmness.

2d. Not smart to-day ; gave oil and turpentine ; made her quite sick ; puked some bile ; ate none all day ; pulse slow and soft.

3d. Rises sensibly improved ; pulse still very good.

4th. Find her quite pert ; took tea from four till eight ; talks some this evening of dysenteric pains of the bowels ; gave a dose calomel to-night.

5th. Was a little sick all night, and purged, with some griping ; gave oil this morning.

6th. Left me ; supposed by me sound well ; remained under treatment twenty-five days.

## REFLECTIONS ON THE FOREGOING CASE.

By examining the statements made in the course of the treatment of the foregoing case, it will appear that the pulse was quite an unfavorable one ; unsuitable as regards my diuretic. A tense, frequent,

small pulse, is always attended with considerable obstinacy and tardiness in yielding to treatment; therefore I always esteem it an unfavorable pulse. A large firm pulse, is also unfit for a diuretic to act freely on the kidneys; but I believe is much more easily managed, and sooner reduced, and brought under the influence of my diuretic. In the case treated, it may be observed, that the medicine at no time acted freely on the kidneys. Therefore, and in order to reduce the inflammatory state of the system, I frequently administered hydragogue cathartics. They would aid me in reducing the inflammation, and withal, tend to remove water. Notwithstanding a considerable quantity of effused serum escaped by the bowels, under the operation of these cathartics, according to my judgment, much more escaped by perspiration, than any other way. It further appears, that the aqueous matter was all evacuated before the circulatory system was set to usual and healthy action, and before the liver became healthy. Hence, you see me continue diuretics, endeavoring therewith to restore all the capillary vessels throughout the system, and administer calomel, in large doses, to enulge the liver and glandular structures universally. The condition and state of the liver, could not at first be distinctly ascertained; the abdomen was too full and tense; when that became reduced and relaxed, the liver was found much enlarged by engorgement, and firm. Hence too, it is worthy of observation, I used the turpentine and oil frequently, on account of the deranged state of the liver and other glands.

This kind of cases are usually slow cases, to get the subject well. Generally more slow, than this lady's case was. When the medicine at once acts on the kidneys, it is an evidence that the system is

below due tone, and plentifully relaxed; therefore the blood can directly be driven through the kidneys and the universal system can be more speedily adjusted and brought to healthy action. All these kind of subjects require some considerable strength to enable them to support under treatment. But in case one of this sort is too weak to bear such active treatment, I would say, he is not compelled to be abandoned and lost. With the diuretic alone, I have effected cures; using no stronger purgative than cream of tartar, and that only given in quantity sufficient to keep the bowels soluble.

CASE III—OF FOUR YEARS' STANDING—ATTENDED  
WITH GREAT DERANGEMENT.

A female, aged twenty-nine years—from a child, was “one of your fear noughts;” but when a girl, she received damage, apparently along where the diaphragm adheres to the ribs of the left side. This injury was the result of excessive running and heating herself, and probably imprudent cooling off. From the injury now, and thus sustained, she in the progress towards maturity, occasionally had spells of great pain and suffering—the pain extending from near the spinal column along the termination of the ribs, on the left side, around to the pit of the stomach. In this way, she often suffered in her growing up; and in the intervals and exemption from pain, she felt sound. Thus, it went on with her for many years, and until she was the mother of five children. But now, during the last four or five years, she always felt uneasy along that part of her, and only at times, very bad. She had a good deal done for her by medical men, during those four or five years, but all without effect, at

any rate without permanent benefit, and probably without her complaint being well apprehended, (as often happens in deep-seated internal affections.) In the progress of disease, the peritoneum and general integuments of the affected side thickened, and felt somewhat livery and firm. I think there are now hydatids or cysts formed, and adhering along the verge of the ribs of the diseased side.

From February until August, of last year, she had frequent attacks of something like diarrhœa, voiding, without pain, great quantities of blood and bloody pus. This seemed to her, sensibly, to proceed from over, and nearly over the pit of the stomach, where now an enlargement and firmness is felt. In August, however, she began sensibly to enlarge, abdominally, which enlargement was once pretty much subdued by the use of calomel alone, but when the swelling again returned, the calomel would make no manner of impression on it. She has had in the course of these years of affliction, various nervous affections; and sometimes was attended with apparently asthmatic difficulty of breathing. All the while I attended to her, she had too feeble a pulse, and often sensibly irregular. I entered upon her case, as a case of common ascites. Neither the degree nor quantity of internal visceral derangement, or structural disorder, could be ascertained by reason of fullness of abdomen; and besides, she seemed designedly to withhold an open and full disclosure of her case from me.

MAY 17th. Gave a dose of salts and jalap; operated freely---bore it tolerably well.

18th. Began to give the diuretic at ten; took on till four, when it seemed to render her so sick that I discontinued it, during the evening; she reported an increase of urine.



19th. Began diuretic at four ; took on till eight ; still bears the medicine badly.

20th. Seemed tolerable this morning ; evidently an increase of urine ; urine very clear ; at five p. m., sickened again ; stopped the tea ; pulse very feeble ; no nervous affection, only the tea sickens her stomach.

21st. Gave a dose of ipecac, operated well, brought up much phlegm ; operated on the bowels ; pulse slow and distinct ; has some tonsilar swelling, like from cold, but I afterwards found that it was an old, and by her well known, mercurial affection ; at six p. m., seemed quite pert ; took tea from four till eight ; bears tea quite well now.

22d. Is evidently lessening ; sensibly under the influence of the diuretic ; every thing looks smoky. The medicine acts both on the kidneys and bowels ; feels feeble ; pulse good.

23d. Still lessening ; bowels and kidneys continue active ; pulse eighty-five, at eleven o'clock a. m. ; at six p. m. pulse larger, and slow enough ; tea from four till eight, one and a half and not quite a half spoonful.

24th. Pulse quite slow this morning, but distinct ; sensibly shrinking ; kidneys act some ; bowels griped a little, and mucous evacuations from them ; ordered laudanum ; tea from ten till eight ; at seven p. m. seems pert ; still shrinking ; pulse good ; bears tea well, one and a half and not quite half spoon full.

25th. Felt more tense, and she thinks fuller all day, I think from getting too empty of the diuretic ; ordered tea more copiously ; pulse a little tense.

26th. Seems rather poorly, inflammatory, as often happens, some time after treatment ; grunts all day.

27th. No better; gave salts and c. magnesia; pulse small and tight; 6 p. m. salts operated well; is more free from pain on the left side, along the diaphragm; pulse sensibly enfeebled.

28th. Pain in her left side, to which she has long been subject, troubled her much the two last days, and does now; is troubled with a sense of inward tightness, like from fullness of water: at 7 p. m., examined her, and find her abdomen quite relaxed; but was very restless all day; took some tea.

29th. Pulse rather low; directed the seneca tea in full doses, and the digitalis quite light; says she always felt irritable at the time of one of these bad spells, of a long time; is shrinking much.

30th. The difficulty in her left side, extending from the sternum all along the ends of her ribs, to near the spine, induced me to-day to apply a fly plaster all along there; she seemed to suffer a good deal all this day, internally; pulse too weak and irregular.

31st. Pulse a little stronger this morning, and regular; tea from 10 till 8; at 12 seems better; pulse more slow and strong. At 6 p. m., is complaining; pulse inflammatory; directed 20 grains calomel at bedtime.

JUNE 1st. Pretty pert for one under the influence of 20 grains calomel, but the calomel worked a great benefit; pulse pretty good this evening; much reduced in her swelling; is in great distress from nervous irritability; directed laudanum.

2d. Rested well last night, after taking 25 drops laudanum; pulse soft and larger than usual; seems right smart; directed tea from 10; at 7 p. m. still smart; pulse good; *thinks herself better.*

3d. Seems quite smart; pulse good; tea from 10.

4th. Not smart to-day; pulse tolerably good:

takes 20 grains calomel again to-night ; something seriously wrong inside still.

5th. Run off the calomel with salts ; operated only moderately ; pulse middling.

6th. Pulse tolerable ; some internal pains ; continues to reduce ; applied a fly plaster over the pit of the stomach.

7th. Pulse soft and slow ; blister drew well ; complains of pain in each temple ; at 6, some pain still ; took tea from 8 till 5 ; pulse more frequent ; seems smart.

8th. Looks distressful ; gave a dose egg and turpentine ; did not feel pulse ; at 5 p. m. seemed a little more cheery ; pulse good ; blister throws off much pus ; was quite sick all day ; the purge operated very well.

9th. Pulse too frequent ; but she feels better than yesterday ; bears tea well.

10th. Seems quite dejected ; pulse too low ; ordered toddy ; at 6 p. m. lively and heartsome ; pulse better.

11th. Somewhat in the dumps again ; pulse better ; at 6 seemed pert ; pulse tolerable ; bore her tea unusually well to-day.

12th. Sensibly more pert ; diuresis increased ; takes tea again ; at 6 p. m. seems quite pert.

13th. Still pert ; medicine acts sensibly on the kidneys.

14th. Seems so-so ; pulse pretty good ; some increase of urine ; takes tea ; at 6 p. m. quite full of the effect of the tea ; is quite smart.

15th. Rather feeble ; still a little urinary increase ; pulse low ; takes nothing ; at 6 p. m. no change.

16th. Pretty smart ; is still shrinking ; pulse so-

so, at 6 p. m. ; took nothing all day ; like in the morning.

17th. Pulse small as usual ; shrinks still ; has an inflammation with much pain in one ear, evidently an effect of mercury ; having formerly taken calomel long, without its having its usual effect ; also has two mercurial ulcers, far back in her mouth, one on each side, inflamed and painful. These things were not disclosed to me, until they became too irksome ; upon the whole she seems pert, but suffered much with her ear all day.

18th. Pulse more full ; probably from the anguish of the ear ; still shrinks ; takes turpentine and oil ; no tea ; at 6 p. m. seems tolerably smart.

19th. All doing very well except her ear ; takes as a laxative, flower of sulphur ; pulse a little excited.

20th. Seems quite smart ; takes tea ; pulse feeble as usual ; at 6 was in great distraction ; all day with pains in her back, left side and limbs ; old fashion ; something not clearly understood by me.

21st. Seems so-so ; satisfied myself this morning that the pain and difficulty she experienced yesterday and often before, even long before she began to swell, originate from a sympathy of the sexual system, with the disease fastened upon the diaphragm on the left side ; the pain is evidently neuralgic, and I put her upon a course of nervous treatment to improve her in that respect ; still continues the tea at 6 p. m. ; much pained again this afternoon.

22d. Seems more composed ; rather too active in the bowels, but shrinks a good deal still ; had but little neuralgic pain to-day, and seems right pert.



23d. Pulse a little excited ; had a restless night with her bowels ; at 6 p. m. seems middling smart.

24th. Is in all her complaints, dropsy and pains, better and improving ; still free in the bowels ; pulse stronger at 6 p. m. ; took no medicine all day ; is quite smart.

25th. Rather weak pulse ; diarrhœa continues ; directed gradually to check it ; takes nothing, only her strengthening compound ; is pert, but rather feeble ; at 6 p. m. quite the same.

26th. Pulse feeble ; bowels more steady ; seems pert ; takes tea at 6 p. m. ; quite pert.

27th. Pulse feeble but regular ; seems smart.

28th. Seemed cast down in appearance, I think in consequence of my sending her home, without being first perfectly cured, which she felt she was not ; I sent her off home with medicine and directions, to do her some time. But I saw her in ten or twelve days afterwards, and believe she took nothing to much purpose ; and on examining found a firm body, (not the liver) fastened, as appeared, to the forepart of her diaphragm, and extending down to near the umbilicus, and otherwise in much pain.

## REFLECTIONS ON THE FOREGOING.

The foregoing case was to me the most perplexing, dark, intricate and perfectly mysterious one, until late in the course of treatment, that ever fell into my hands to manage, among several hundred of dropsical persons that I have treated. I felt sensible all along, that there was *something* of considerable magnitude, wrong, inside of my patient, as you may see, in the course of my treatment. But what that *something* was, I could not satisfactorily ascertain. Sometimes I thought I saw the root

and cause of her distress, but again soon perceived I was mistaken. Mystery succeeded mystery. Indeed the patient and her husband too, strangely withheld information from me—information that they possessed and could beneficially and easily have communicated. This manner of proceeding in such cases is wrong. Patients ought to communicate to their physicians all they know, or think, as causes of their present disease, or would constitute any thing to the doctor's better understanding their particular case; because, with all the patient *can* communicate, the physician has often perplexity enough, in these old chronic diseases, to detect the real seat and state of the affection. At first, and for some time, I esteemed her's, nothing more than a common ascites, and treated it as such a case. When her old pains came upon her, I conceived it only a somewhat aggravated appearance, of what I often meet with in cases of ascites, after treatment for some while—the latent, chronic cause of effusion becoming more active, and giving evidence of more inflammation. I instituted treatment accordingly, but that generally produced less effect than was expected.

It is now my settled opinion, that the peritoneum was inflamed, and thickened along the course of the termination of the ribs of the left side, from the sternum to the spine; and probably the diaphragm along its insertion, was too greatly inflamed and diseased. I now feel fully satisfied, that her diarrhœas, of which she had several attacks, during the time I attended on her, and some dreadful ones she had before I saw her, were discharges of matter collected in a sack or cyst, somewhere in the course of her diseased left side. You may now perceive, that after the diarrhœa has continued some

time, her pulse and general state improved. The matter voided from the bowels at these times, appeared to be curdled or broken pus, mixed with a little serum. Her blisters too, over the affected part, yielded an unusual quantity of thick yellow pus. I feel free to give it as my opinion, that if I had taken time, and continued to attend her, she might ultimately have been cured. Such cases require long continued, and gentle detergent treatment. The water seemed all gone out of her. But, say the least of it, the case was a first-rate bad one, let it be taken any way.

#### CASE IV.—ASCITES.

A black female, about 50 years old, had been diseased, more or less, a long time. Was believed at first by her physician, to be of unsound liver. The patient began to swell, dropsically, about three years ago, and from that time till now, has been generally under medical treatment, of one kind or another—yet always, more or less, swollen. The water was attempted to be removed by cathartics, which considerably tended to keep down the accumulation; but the internal visceral derangement was never fully corrected and set to healthy action, wherefore, the accumulation and swelling always presently returned again in full amount. The patient, in the course of this management, by natural consequence, became very much exhausted and enfeebled, and now occasionally became subject to swooning fits. Her bowels were greatly debilitated and their necessary tone lost, and usual healthy action perverted. Sometimes she was obstinately constipated, and then again, presently much too flux. The pulse was feeble, small and very frequent. Urine sparse and high colored.

JULY 20. Began with diuretic at 12 o'clock, without premising cathartics as usual, because this patient had been previously much purged, and the bowels enfeebled.

21. Diuretic took sensible effect right off—took diuretic to-day from 6 a. m. till 8 p. m.—Pulse improving—feels sprightly—urinated largely to-day.

22. Comes up in high spirits—the diuretic acts quite freely—pulse not good—directed tea from 4 till 8.

23. Seems sensible of weakening, by reason of the water running off so fast—takes quite small doses of diuretic from 8 till 2—pulse sensibly slower.

24. Much improved this morning—still weak—pulse soft—kidneys act free still—bowels flux—shrinks very fast—tea in small doses from 2 till 8.

25. Rises tolerable—pulse sensibly slower and under diuretic influence—urimates moderately—gave oil and turpentine this morning—operates excessively—had to check it—took nothing else to-day.

26. Seems quite smart—skin universally soft—perspires some all over—flesh and abdomen much reduced—pulse slow and soft—took nothing all day.

27. Seems tolerable this morning—pulse so-so—bowels rather too free—swelling nearly all gone—directed half a spoon full of digitalis from 10 till 8—at 6 was quite smart.

28. Seems very smart this morning—pulse good—takes tea from 4 till 8.

29. Rises middling—oil and turpentine this morning, and tea from 4 till 8.

30. Looks quite smart this morning—pulse very good—began blue pills last evening.

31. Is very smart—takes a little tea to-day—



blue pills evening and morning—is nearly well I think.

AUG. 1. Sensibly under nervous influence from the tea—seems only middling—dismissed her.

12. Sensibly enlarging again in her abdomen—I doubted the durability of her cure—she had not taken diuretic enough to set to healthy action the circulatory, secretory and excretory vessels—she is directed to take the diuretic again from 8 a. m. till 8 p. m.

13. Seems smart—is diuretically affected again the first day—the pulse is controlled.

14. Too free in the bowels—is weakening—takes nothing to-day.

15. Still purging and urinating freely. Pulse slow—weakening still—takes nothing all day.

16. Bowels restrained—blistered epigastric region—takes no tea.

14. Is rather improving a little—takes nothing except a little gin to-day.

18. Pretty smart—gave a dose of ipecac—operated well.

19. Seems quite smart to-day—pulse a little irregular—takes two spoon fulls and half a spoon full.

20. Seems pert to-day—not sick at stomach—takes tea light—tea did not purge her to-day—left her.

### OBSERVATIONS ON THE PRECEDING CASE.

In the statements on the foregoing case, it may be seen that the effect of the diuretic medicine was much greater, both on the kidneys and bowels than is usual. I account for this so much greater effect on those emunctories, than what is usual, in this way: Her bowels had long been in the habit of

being excited, so that anything now introduced into the system, calculated to excite the absorbents and induce them to throw the deposited fluid into the circulation, the customary tendency to the bowels would, from habit and debility, naturally incline them to become the medium of evacuation. Cases under the influence of such habits, I have often had to manage, and cases of this kind often exist, in which no diuretic impression can be obtained on the kidneys, because of the ready tendency to the bowels, in consequence of old and long continued purgative habits, and the bowels thus yielding into a state of aqueous diarrhœa, the system will become unloaded of the medicine, as well and as effectually as if it had been run off by the natural emunctory, the kidneys. I have permanently cured several persons, on whose bowels the water was thrown, by the diuretic, but why, in the above case, the kidneys also proved so unusually active, I think is accounted for in this way: By the previous treatment that this woman had undergone, of frequent drastic purging and other debilitating medical treatment, together with the ravages of the disease itself, tending together to establish great relaxation and debility in the system. This state of things was favorable to the ready, free and copious action of the diuretic on the kidneys, and this relaxed state of the system, the diuretic, in ordinary cases, has itself to induce and establish before the kidneys will be gotten to act, because great and general relaxation is indispensable before my diuretic can act. But in this woman's case, this needful relaxation already existed.

While on this subject, I will inform the practitioner that all my forms of debility are not favorable to increased absorption and augmentation of diuresis.

A favorable state of debility requires to be accompanied by a universal relaxation of the muscular structure, to favor the ready action of my diuretic. A person may be quite weak and exciteable, and yet be attended with a firm, small and frequent pulse of great obstinacy, as also great general rigidity of fibres. Such a state of things will not be found favorable. In the case above, my chief difficulty consisted in getting the person to bear diuretic medicine enough, such as the composition of my diuretic is, to re-excite the secretory and excretory vessels, so as to perform their accustomed healthy functions, as also to adjust the circulatory vessels, that each portion of said vessels would again act with the former due and healthy energy, and no more. In this case my diuretic over-excited the bowels and kidneys, and run off the effused and deposited fluid so rapidly and speedily, that the debility so induced, added to her previously existing debility, seemed calculated to sink her too low, and occasioned me to hold back. The water was soon all out of her, but the system of vessels above referred to, were not restored to healthy action, and therefore she again commenced re-accumulating, and such too, was her complexion, that by it I could learn nothing of the state of the capillary vessels.

Such a patient as the above, may doubtless be made sound and well, but I would give it as my opinion, that the case would require longer time than would an ordinary or common case. If none of the internal structures or viscera of the old lady, treated above, were actually destroyed, or rotten, to treat her appropriately, and save her life, she never ought to have had more than half doses of my diuretic, given her at a time, and generally

less than that quantity, and perhaps discarding the salt petre of the seneca portion of my composition, would, in such cases, be an improvement, because, then, by making the composition less purgative.

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## ON DISEASES OF THE LIVER.

The liver is an immensely important viscus in the structure of all perfect animals. But as I am going to say only a few things, and that alone with regard to the liver of the human family, in relation to its contribution to health, when it is in a healthy state, and also, some of the effects on human health, in consequence of derangements of that organ. I intend to say, what little I think useful to say on this subject; in a few words.

The time was once, and within my perfect recollection, that diseases of the liver, were exceedingly rare. At that time, a person who was said to be diseased at the liver, was perfectly a "speckled bird." Yes, he was one marked for an event, little short of certain death. The thing is not so now. Nothing is more common throughout our land, and especially here in the South, than dyspepsia and other effects and evidences of deranged livers, and from what I learn, I believe it prevails in the North equally as in the South, also, East and West. It is now certainly very univer-



sally prevalent, and that among all classes of persons. It is now often found even among our hardy yeomanry. This was far from being so fifty and sixty years ago, but is distressingly so now, and no one need to doubt that it exists, thus abundantly, as an effect of some universally prevailing cause. But what this potent, and so prevalently existing cause is, may be difficult to determine. I would not impute it to any one agent, but would give it as my opinion, that several causes conspire, in the production of it, and as causes are said to be "slippery things," I shall probably say but little more about them.

But whatever these causes may be, one thing is certain, namely: that there is a cause, or causes. But whether it consists in eating, or in drinking, whether laboring or in resting, in waking or in sleeping, or whatsoever else, it may be hard to tell and tell it in such a way as that some one will not be found to point out a different cause and produce more or less plausibility in its favor too. Then I will say to all, let every one enjoy his own opinion as regards the remote cause of the present great prevalence of this disease. But be assured that whatever that remote cause may be, or whether that cause be certainly known or not, a derangement of the functions of the liver, of a serious character, is perhaps, in every instance, an attendant; together with spasmodic constriction of more or less of the substance of that organ, and a low state of inflammation of the abdominal viscera, generally, or in other words, the capillary blood vessels of all the structures of that cavity, are constricted, and therefore incapable of natural or healthy action. Consequently a deficiency of healthy bile, accompanied with constipation of bowels, paucity, and high col-

or of urine, dryness of the universal surface, a deficiency and vitiated state of the gastric juices, consequently want of appetite, free digestion, &c.

It would certainly be desirable that the remote cause could be distinctly designated, in order that all the train of evils, which the man or the woman is doomed to suffer, who gets into this disordered state, might be avoided. Still now, I cannot point it out more definitely, than what I did above. If I say the sedentary and studious induce it, by their manner of life and occupation, this will not do, for I have seen the merest clumpses of rustic occupation, suffering severely under its influence. A sedentary life however, is unfriendly to digestion. But some persons always followed such occupations, and some did not. These sedentary persons usually had a weakly appearance, but were not often dyspeptics. Fits of cholic were then occasionally known but generally traceable to some impropriety of diet. Again, if I say, the great change of diet, induces the prevalence of these new chylopoietic diseases, every body now drinks coffee and that generally at breakfast and supper, and not a few, even for dinner too. I will not say that the so very free use of coffee induces all the train of hepatic derangements, and chylopoietic diseases, but I will say it is pernicious to the biliary and pancreatic organs, and may affect the stomach in such a way as greatly to deteriorate the healthful and active qualities of the gastric juices. Every practitioner knows so much of the pernicious effects of coffee on the liver that when he attends a person of considerable liver disease, he forbids his patient the use of coffee forthwith, and so upon the whole I conclude that we had better be content, when we point out its sensible qualities and the effect of the

existing derangement, on the health of the subject, and then try and do something, by way of recommending a plan of treatment, as well as we can, designed to remove those accumulated evils.

Is it to be doubted, that there exists any one specific cause, as causes are commonly looked after, that produces the train of evils in question. Many, yes very many, hypotheses have been advanced, and are still now daily given, as the originators of dyspepsia, indigestion, cholera, &c. It is a Proteus! It would form an almost endless catalogue, could I enumerate all the agencies, that have been implicated, as throwing the system into that peculiar state. But even an effort to do so, would be vain. Then why should I detain the reader, with statements, empty as air, and that can avail nothing?

Now if it be a fact, that in cases of dyspepsia, the capillary blood vessels of the abdominal structures are usually under constriction, as appears evident they are, and those of the general and external surface are so too, then the state of the circulatory vessels is manifest, and that particular and positive state should point and in fact does point clearly, whether observed or not, to the rightful and philosophic treatment of the system. I avoid pointing out, or running the parallel, between hepatic diseases and other internal, chronic inflammatory affections. Every person must be sensible of the perfect similarity and coincidence. The secretory and excretory vessels act very sluggishly, or imperfectly in all these chronic diseases, and in all, more or less alike. Were it demanded of me to give dyspepsia, or chronic hepatic obstruction, a new and characteristic name; I should, on what I now think of it, call it *dry-dropsy*, and institute my treatment,

as for low inflammation, accompanied with vascular constriction.

Long ago, upwards of twenty years past, I observed and was struck with the visceral soundness to which my dropsical patients attained, by the time my treatment on them for dropsy was accomplished, when for years, many of my patients told me, they had lingered along with a very imperfect state of health. Often dyspeptic, usually costive and generally all the while under the influence of "inward fever," until ultimately, they found themselves becoming dropsical. I think the febrile action of the circulatory vessels, is just about such, in dyspeptics, as under circumstances favorable for effusion, will produce dropsy, but when the viscera are all very sound, and uninjured in their proportions and structure, a dropsical effusion may not happen; neither will dyspepsia.

Now that my dropsy patients should succeed so well and be so much more perfectly restored to health, in their deranged viscera—and I will here say, they were much more sound, and more speedily than I usually found them become, under our prescribed plan of treatment, for diseases of the liver—evidently this superior effect is attributable only, to their having taken freely, and for some time, of the diuretic medicine, which in its proper combination exerts a powerful anti-spasmodic influence on the body universally. In view then, of the nature of the disease I am treating of, it being evidently a disease of constriction, and from the obvious effect on the liver and other abdominal viscera, observed often by me, among my dropsical patients, I feel free to recommend in all hepatic cases, attended with a bilious tinge of the face and surface generally, accompanied with more or less feverishness, and small,



corded and frequent pulse, to take my diuretic, for two weeks or more, as largely as the person can well bear. I would advise the seneca in full doses but the digitalis in about half doses. Deviations from these proportions ought of course to be made by the practitioner to suit the particular case and state of the system. Let him go on taking that medicine, and in those proportions, or in such other proportions as are believed more befitting the case, until the rigidity of the system has fully yielded, and obvious relaxation has taken place; the pulse will now too, become slow and soft. After these states have been fully attained, but never before, I would advise the administration of calomel pills, morning and evening, until the gums become slightly affected.

I would advise to give no tonics, as a concluding treatment, to restore the feeble subject to strength and vigor. If he certainly needed relaxation at first, in order to recover him from bad health, it might by natural inference, injure him to return him into that locked-up state of constriction again. And moreover, if his liver now acts healthily, and all the secretories and the excretories perform their functions well, the person will soon be restored to fullness and strength, without the use of tonics. If, however, something should be esteemed necessary by way of a restorative, on account of the great and necessary prostration of the patient, I would say, after all the anti-spasmodic and detergent treatment is effected, which may be thought necessary in the case, I would advise diluted nitric acid, in preference to any thing else with which I am acquainted, as a strengthener and restorer, as being somewhat tonic, while it has a kindly and detergent effect on the glands,

and acts potently on the kidneys and capillaries of the surface, and is attended with no constricting influence any where, and moreover, is quite cooling.

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## PREFACE ON PULMONARY DROPSY.

I have been more or less engaged in medicine, for the last forty-eight years without any cessation; and something more than half that period, I was closely engaged in a constant and heavy country practice. It is but reasonable to suppose that in so long a time of attention to diseases and their treatment, I should have examined, and strictly scrutinized into, or after the cause or causes, of failure in the treatment of several of our current diseases. Of this sort of diseases there are indeed yet a considerable number remaining, which unhappily do still bid defiance to the medical understanding of men. This is true, and is a truth that is to be lamented. But until these things *are* better, we can only hope they soon *will* be better, and in the mean while let every member of the profession do all he can to make them so.

It is an effort of this sort that induces me to offer to the public what I do offer in the following pages. Perhaps some persons more weak in the faith that they are right, than I am, would shrink from the innovating attempt. But I cannot say that I am trou-

bled at all with repenting pangs or thoughts of re-treating. The case may perhaps not unfitly be represented by the following simile: Two persons are seen bearing burdens along the public street; one of them bought his goods and honestly paid for them; he cares not who sees him. The other, whose burden is stolen property, is jealous of every person who may come near him. (To the case on hand, the ideas that are handed out, are my own ideas of the nature of the disease treated of.) They may not every where be *positively* right, or even the best that might be advanced on the subject, or point treated on, but they were the best I had, and honestly come by.

When I began to write this little treatise, I had no intention to write on any disease besides the three usual forms of dropsies, Anasarca, Ascites and Hydrothorax. To cure these and restore the subjects to perfect soundness, much more certain speedy and every way better than our popular and scholastic plan directs, I knew I had found both a method and means to effect. But in trying to develop and show my views of the true state or the vessels of the affected portion of the human system necessarily are placed in by disease, in order to enable that viscus or structure to become the source of effusion, it occurred to me plainly that the vessels of that part of the system, were then precisely in the same state the vessels of the lungs were in while passing through a course of pulmonary consumption. This view being new, and very different from what we have on that subject, and believing it to be the view of the two diseases, and that it might lead to great usefulness in practice, I wrote what follows on *tabes pulmonalis*.

The principal design of this my little treatise on

pulmonary diseases, is to try to stir up professional men, and induce them well to weigh in their own minds what they read in authors, both theoretical and practical, and take nothing for granted, on the mere saying of any man. All respectable practitioners, esteem it bad practice to go into treatment upon the mere dictum of any author. It certainly is bad practice. A man is accountable individually for his treatment of his fellow-man. Then it will be right to ponder and well weigh in the scale of his understanding, all that he receives from authors, no matter how trustworthy and truthful they may be. The mind of man at best, is imperfect; this is lamentably the case on what writers tell us on pulmonary diseases and their remedies.

My object and principal design, as just now stated, in publishing my thoughts on pulmonary diseases is, to bring before the general medical mind, new ideas on pulmonary diseases, and try to dislodge the old and fallacious notions. The ideas that I give, as I have said, so I say now, may, by possibility not be right, as stated by me, in the course of what I say on the theory of that dreadful disease. But I did then, when I penned them, think them right, and I do fully as much think them right now. One important object in view is, to get the medical world off the old notion, that *tubercles pulmonalis* is a disease of its own kind, like pleurisy, gout and the like.

Now I would say to all who may feel a want of settled credit and belief in what I have said of pulmonary dropsy, *exercise patience*; and it may be, read the thing again, and earnestly and honestly exercise your mental faculties. Compare one thing with another, and things with things; and with all do not forget how long the medical world has been



seeking after relief in one only direction, on the common, yes, universal opinion and belief, that consumption of lungs, was a disease *sui generis*, but so far have not succeeded in finding a reliable course of treatment.

It is certainly worth while to assume a sober earnestness; on a subject upon the right understanding of which thousands of our fellow men's lives may depend. I cannot now speak exactly in the positive, respecting what I say on pulmonary dropsy, as before intimated, not having sufficiently tested my treatment; but I feel authorized to say in the positive, that it is not what the profession has hitherto taken it to be. If pulmonary consumption is in fact, what it is by all writers represented to be, a disease of its own kind, it certainly argues, I think, one of two things—one is, that the merciful Governor of the universe, has laid that disease on mankind, and has not allowed, and perhaps not provided an antidote. Such an idea is preposterous, is militant against the general character of the Almighty. Therefore, let it be discarded. The other is, that our medical guides have succeeded astonishingly poorly in discovering the means, and effectual means provided by the Creator, for the recovery of poor suffering consumptives? According to my theory, the whole world of mankind, and our well-meaning, but misled fraternity along with the others, all believed, and do now believe, that somehow, out of the abundance of coughing and mucous spitting, arises a certain thing—a thing like nothing else, and which as it had no name, and wasted away the flesh of its subjects, they called it *tubes pulmonalis*.

It is now a long time since I have paid much attention to the early history of medicine. Therefore I cannot now say positively how long, how many thou-

sands years, the attention of the profession has been earnestly turned towards that disease. Still one thing about it is certain, it was always a mortal malady ; wherefore we may suppose, that it received early attention. Even if it had not received strict medical notice, for more than four or five hundred years, that would be long. One or two hundred years, groping in the dark after something, and finding nothing, it seems, might be tiresome ; but doubtless all this has been done, and very much more. While indeed I say these things, and represent them so deplorably, I entertain no doubt of the honesty and earnestness of our professional men and writers, especially in their endeavors and researches, but truly believe, and indeed am confident, that all of them, and at all times, made the most powerful efforts that their minds were capable of, to find, by deep, long and hard efforts, a remedy, a certain cure for this distressing disease—but found none. On this subject have been engaged the brightest human intellect—animated with great native mental endowments ; to which was added the best of preparatory assistance, deeply imbued with philosophy and languages, to all which was yet superadded a thorough course of medical study and instruction—with all these promising advantages, men would easily add the usual quantum of ambition to excel. But all proved abortive—fell short of that contribution to the healing art that was probably anticipated at the outset.

These things, these long-persevered-in efforts, producing no beneficial practical result ; may indeed be looked upon as a very serious misfortune, affecting even all civilized nations of the world ; for probably wherever man lives, this disease prevails with so little exception that it deserves no name.

These huge failures, with such a mountain of talent and artificial qualifications at the head of it, certainly deserve to be considered. This in medicine, is something to be taken notice of—to be wondered at. Still for this failure, as all other failures, there must be, there is indeed, a cause—and as I have often named it elsewhere, it will require no special preparation here, for me to name, what I think to be the cause of the utter practical failure; and that cause will continue to operate, and produce the same, or very similar results, as long as persevered in. Now for the honor of medicine, I will here repeat, what I have in other places named several times. There are wrong apprehensions or deductions formed, I believe, among our pathological writers, of the true state of the body, under pulmonary consumption—I call the same disease pulmonary dropsy. Now under any form of dropsy, the circulation, the secretories, and excretories, are all deranged; so is the liver, and generally the glands throughout the system. This is precisely the state of things with one in a consumptive state. It might be objected to this, by repeating the old adage, that “every like is not the same.” But I would reply, that when the agents of health and soundness in the system, or the powers of vitality of a human body, are in the same state of disorder, very certainly the same disease or state of health will be the consequence.

One thing will however always go far towards constituting a difference in appearance, and a difference in fact between pulmonary dropsy, and the other usual forms of dropsies. I allude to the structural difference, and the different uses and designs of the several cavities, selected by nature, to become the seats of the watery deposits. One chief use of

the cellular membrane is, to act as a universal connecting and uniting medium, of the various structures throughout the body—the abdomen and chest, to contain the viscera contained in them. Now if serum is deposited in the small cells of the cellular tissue, there is nothing in the nature nor the use of that membrane to remove the water from them. It can and does remain there uninterrupted, and accumulating a little, every pulse, until either a mitastasis takes place, and it is so transposed to another part of the body, or is removed by art. It does of itself but very little interfere with the animal economy, or even with the patient, otherwise than as it tends to make him clumsy, and unfits him for action. And if serum becomes deposited, either in the cavity of the abdomen or chest, it remains shut up and perfectly stationary, except the little acquisition that every pulse imparts. In neither of these three named forms of dropsy is there the least abstraction from the accumulation made in any natural way; and almost always before death ensues, either in ascites, hydrathorax or anasarca, every part of the body throughout, will become filled with serum.

In this way it happens that these forms will not apparently waste the flesh of the subjects. They will remain full. They usually eat freely, and drink a good deal generally. But so long as they may be said to digest at all, what the lacteals take up, I think mostly goes to add to the mass of accumulating serum. But even so, it supports a semblance of strength in the person, till very late. Here is no waste of substance from the body whatever, worth naming. Even the insensible pores are closed, and do not transmit anything as is usual. The kidneys are constricted and secrete the same as nothing. The bowels are constipated and dry. There is in a



word, no loss of fluid from the system of such an one in any way. They hold up well, and hold out long, every thing being considered. I wish this representation kept in mind—and the representation now given is strictly correct in every view, on the three common forms of dropsy.

Now one thing is vastly different in a case of dropsy of the lungs, from other dropsies. Here indeed, the vascular system is in the same state as in the other named dropsies. Here too, is present, visceral derangement—the pulse is hurried—the capillary vessels of the lungs enlarged, and tumefied as in the other dropsies—all is alike, except the quantity and use of the places of deposit or effusion. The lungs certainly are esteemed an internal organ, but at every inhalation of breath, they are in a manner perfectly accessible to the atmosphere. And from what has been just now said with regard to the state of the pulmonary vessels, and their capillaries, it is certain that they are in a fit state for copious effusion; and we know they do pour out their aqueous particles, or albuminous contents, quite profusely—because the breathing is accelerated in part at least, by the air-cells being partly filled with foreign matter—every breath it is true, carries off some of this excessive infiltration, but the more crude portion still remains, and when it becomes irksome to that delicate organ, excites coughing, and then is ejected in the form of mucus. But my object here, was only to show the great difference of the different parts that are the seat of effusion, and the consequent necessary different effect on the substance of the persons affected. My design is clearly to satisfy my reader, that in this form of dropsy, the only cause of the waste and disappearing of the flesh is the constant drain from the lungs;

while in the other forms there is an entire want of abduction, from the effused mass. But besides, as I show elsewhere, the lungs are the great chemical laboratory to keep the blood of healthy quality. The faculty of the lungs for performing this office to the blood is now destroyed, and of course there is no healthful acquisition to it. Therefore this too, becomes an additional source of waste.

As I make this matter very plain and clear elsewhere, I may perhaps be thought needlessly repeating here what is, I think, sufficiently plain already. But there is one thing I wish further to state in this place :---it is this, it may be objected to my views of the cause of consumption, or mucous wasting away of the substance of one under a wasting pulmonary disease, because I allege that the deposit into the lungs is made by, from, or out of the blood-vessels of the lungs, prepared to do so by having their exhalents enlarged, by previous inflammation; whereas it is asserted by respectable writers, that the mucous sputa take place in consequence of inflammation of the mucous membrane of the lungs. I reply, that membrane may be inflamed, and I doubt not is so; but I claim that expanse of bloodvessels as contributories to my view of producing the excessive infiltration into the air-cells, in forming a case of my pulmonary dropsy.

I wish duly to impress the mind of my reader with the fact, and it is an all-important fact too, that in pulmonary dropsy, the fluid separated from the blood by every pulse, is at once in great part conveyed away out of the lungs, by the air we breathe, and a remaining balance of more gross mucilaginous matter is left in the air-cells until it accumulates to the degree of irritating the lungs; it is then coughed up and spit out. And thus the circulating fluid and

the whole system is continually being deprived of the ground and essence of its fullness and vigor. The air-cells are always ready to receive deposits from the enlarged exhalents. This is not the fact in either of the other three forms of dropsy. Their cavities will sometimes get full, after which the vessels can no longer readily unload themselves, and of course the deposit will not go on so rapidly; and so the poor strength of the patient will be much retained. Not so in pulmonary dropsy; I believe without hesitation, that if a subject of common ascites, had an opening made into his abdomen, and this opening kept open, and in a part where all the serum that was thrown into that cavity, could immediately escape, such an one would waste just as certainly as he with pulmonary dropsy, and just as fast as he, with the exception only, that in dropsies any where else, except the lungs, persons retain their blood of better quality something longer—and excepting also, the worrying and exhaustion from coughing. It is a fact, I believe now universally admitted, that a dropsical subject, who is frequently tapped, unless his system is improved thereby (and such cases have been known) will die much sooner, than probably he would, had he not been tapped at all.

It is the *practice* in these pulmonary complaints; the remedial treatment of our *consumptives*, *I wish to have changed*. Call the disease by what name you please. But I confess I dislike the old name a little, because I think the old prejudices in favor of its incurability, and its being a thing that never had an existence, may accompany the old name, and tend somewhat to blunt the edge of effort, among the members of the profession: My heart's desire is, to impress the idea on the profession, that the nature of that pulmonary derangement, called con-

sumption, has been hitherto always misconceived. It is hard to make myself understood here without telling all right plain out. It was natural I own, to call the disease consumption, because the subject of it is wasted away, but it was unfortunate, as it induced medical men from the first notice of that disease, to look for a something that never existed. A nonentity, a mountain bubble, found in existence among mankind, adopted and grown up with it, and by age has now become sacred. Men do so now; reading the efforts of late writers on that disease, one is induced to think them so earnestly looking for, and hunting after that non-existence, that they stretched their necks, and inclined forward. What a pity? Turn, oh turn! Looking for an object more than two thousand years in the same direction, and not finding it, or even having heard of it, I think it is full time to turn and look after it in another direction.

The condition of the lungs, I hesitate not to say, is very accurately, and even minutely represented and described, *post-mortem*, by our late pathologists. And besides the lungs, the state and diseased parts of the system universally are taken notice of, and the derangements pointed out. And these derangements, are decidedly such as result in consequence of the want of the due influence on the blood, of the healthy action of the lungs. The various diseases alluded to, are such as indicate, and result from a sluggish, foul state of the blood, devoid of its accustomed stimulus. This should act as an index, to the practitioner, in selecting suitable remedies. The state of the health of the general system ought to be well attended to. In this country, where I have been accustomed to see the disease, and only a few I have seen, I strongly incline to think favor-



ably of tonics, after the general system has been regulated and brought down, if excessive in its arterial action.

In a word, the practice in consumption cases, is all that is deficient. The state of the lungs is certainly as well developed as can be, or even need be. And I would advise all practitioners of medicine, informed and judicious men, who may meet with these kind of cases, after noticing the state of the lungs, under the influence of these pulmonary affections, according to the representation of unbiased pathologists, to form a plan of treatment, or judicious general principles, regardless of the old notions of the peculiarity of the disease—having due regard to the length of time of the standing of the disease; for no doubt very much of the general derangement of the contiguous viscera as well as the lungs themselves, will depend on the time that may have elapsed, from the commencement of the determination to that organ; and after having well pondered on these things, let them determine on some course, and try with suitable and well selected remedies, to meet the various demands of the deranged parts. My word for it, proceeding in this way, with judicious perseverance, a happy, and perfectly remedial treatment will soon be found. I need hardly say here, which is however true, I believe that the energies of medical men, were always hitherto held in abeyance, because all the world has been, and now is confirmed in the belief of the incurability of the disease. The old notion, I hope, will soon vanish.

I will now here only add, as a friendly caution to the honest-meaning, and on-trust-receiving public, that when this disease attacks a member of the family, not to trust too long to nostrums and empiric remedies, with which the land is now flood-

ed. "Pulmonary consumption," is by quacks held up as a local disease, consequently capable of being removed by simples. This, say the least of it, is a fallacy, both in theory and in practice. Let pulmonary dropsy, (consumption) be well seated on the lungs of any one—my word for it, it will require, to remove the complaint, and restore the lungs and system generally to a sound and healthy state, that general as well as local treatment be called in aid.

To patent a valuable discovery does not vitiate the discovery, all mankind know, but many valuable discoveries are greatly vitiated by newspaper and hand bill *puffs*, promising more in them than the compound can perform. To do so is wicked—because a valuable discovery, (it may be) loses its merited grade, and in due time is cast away as being fallacious; and moreover, the confiding public often rely on these deceptive nostrums, until the case has acquired such strength and virulence as to defy opposition.

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## ON DROPSY OF THE LUNGS.

Much has been written by pathologists, on the condition and derangement of the lungs, suffering, or having suffered under the influence of the disease commonly, and as would seem, very appropriately called *consumption*. From the earliest dawn of history that we have any knowledge of, there is notice taken of a disease that seems to have been well known among mankind, at that early period of the world by that name. See Leviticus, 26th chapter and 16th verse; also, Deuteronomy, 28th chapter and 22d verse. Here the Almighty threatens Israel,

in case of their rebellion and disobedience, with the *consumption*, as with an evil against which they then had no antidote. And it seems, *that disease* has descended down, even to our time, in the same unprotected state, now upwards of three thousand years, and has swept off its thousands into eternity, without any effectual remedy having been found, with which successfully to oppose it, even down to the present day. This state of things seems indeed very remarkable, and is much to be deplored.

Much laudable effort has been made, to ascertain the true state of the system, generally, and of the lungs most especially. Much learning, time, and an incalculable amount of the most careful and critical research has indeed been made, and made long, and no doubt is still now making; fully to ascertain the nature of that disease, and obtain, if possible, such a knowledge of the morbid state of the lungs, as would lead to a more successful plan of treatment. But so far, I think, the great object of pursuit, has still eluded the grasp of any, and all our wisest and most indefatigable professors.

While thousands of the human family are suffering, and multitudes dying every year of consumption, and in the present state of the science of medicine, there is no man on earth, able to step in between the dying and death, with power in his hand to arrest the disease, and let the subject go free; this is a most lamentable state of things, and much to be desired that it could be otherwise. It is no matter of wonder, that all the force of the mind of man should be marshalled to seek relief from this arch enemy of human life and family happiness, and restore men to peace and freedom from the fear of dying for months, under the inexorable fang of this relentless assailant. On a slight view of these

things, one would be rather induced to wonder, that so much learning and brightest human intellect, should have been engaged so long and so ardently, and not found a ransom, a sure remedy in a word, a method of treatment, that would inspire the lingering, but dying sufferer, with confidence in his certain recovery.

The condition that the lungs are placed in by this disease, and the various constitutions, forms of persons, ages and sexes, and other, and all things, conducive to render a person liable to become consumptively affected, are all ably and very truly pointed out. The gradations of the different stages of the disease, with the accompanying changes in the structure of the lungs, accompanying each stage, together with the effect that these several changes of that important organ exert upon the general state of the system and health of the subject, with some exceptions, are all lucidly brought to view.

It may be held as matter of astonishment, when we read the voluminous *post-mortem* researches of men of erudition on this disease; and observe the clearness and fullness of their labor, on that branch of medical science, that a more successful plan of treatment has never been discovered; since in most other diseases there have been such delightful advances made in their treatment. But truly there is an obvious difference between dissecting and handling a lung and inspecting it critically by sections—observing it carefully, the superior, middle and inferior portions—and tracing the relations of contiguous parts contained in the same cavity with the lungs, and marking the share of influence on the lungs, that an unhealthy state of an adjoining structure may exert on them, and *vice versa*. These things can all be seen with the eye, and handled with the hand, and scrutinised and investi-



gated, time and again, if necessary, until the mind settles down on some conclusion. But to form a remedial plan, a system of treatment, that shall meet all exigencies, of such a body of derangement, such a mass of disease, and corrupting matter, is quite different, a perfectly different effort of intellectual exertion. And deductions and inferences are liable to be mislaid, being subject to the influence of pre-existing opinions. The duty of the honest and well-informed physician in all diseases, is performed by deducing conclusions from previously established facts, and these *facts* even, are in this disease, capable of being viewed through several different mediums, as given by our best pathological writers. The disease appearing different to different men, notwithstanding the subject matter of decision, the respiratory organs, are equally accessible to all. Much more will men be liable to differ in drawing conclusions from theories, respecting which even our best pathological writers are not agreed in all the parts.

This view of the state of medical science, on the disease in question, will in a measure remove the cause of wonder at the backwardness of the profession in finding and adopting a decidedly effectual plan of treating phthisis. There can be in reason no doubt that the true and real condition of the lungs of consumptives is well and correctly represented by the pathologists of the present day. By *some* of them at least, not by *all*, because they *disagree* among themselves, in some of their views, so far at least, that one set thinks inflammation of the lungs, or bronchial tube, produces the tubercles that are always found in the lungs of persons who have died of consumption; and another set thinks that those

tubercles are the cause and origination of the attending inflammation.

For my purpose it is not material at all, whether the inflammation be the cause of tubercles, or tubercles be the cause of inflammation. I take it for granted that the state of the lungs is the same either way, after they have become affected in such a way, and to such a degree as to begin wasting away the flesh of the subject. The condition and state of that organ, together with the effect on the rest of the body is the matter of importance to the practitioner, and from the nature and degree of derangement of the lungs indicated by certain symptoms, he ought to form his judgment of the present state of that viscus, as also of the other structures affected in consequence of the pulmonary derangement, and thereupon institute his plan of treatment. So I shall leave the state of the lungs of phthisical persons, and believe it to be as represented by our latest and best pathologists: a mass and congeries of tubercular and inflammatory affection.

One thing only I will name here, and that is: that a tubercular lung is not a lung in a natural and healthy state, whatever some writers have said to the contrary. And if then it is, in any state but a healthy one, it follows, that it must be in an unhealthy one. Now by a law of the living animal economy, it is certain, that a morbid, diseased state of an organ cannot be the product of the healthy action of the vessels of that viscus. Consequently, this tubercle-producing agency in the lungs, supposes either an excess of sanguinous afflux to them, or a deficiency. If then there is excess of blood, and congestion in the vessels of the lungs, there is strong presumption that there is inflammation present, excess of excitement of the pulmonary vessels at all

events. This would be the state of things upon the supposition of the lungs producing tubercles, according to the opinion of some writers, namely, those in favor of inflammation being the producing cause of tubercles. But another class of writers, deny inflammation to have any hand in the production of tubercles, altogether. Then in this case there must be a want of due afflux to a degree of creating great inanition to a dangerous extent, inducing derangement of the health of the organ, &c. Now, either way, one thing is certain, and that is: the vessels of the lungs act unhealthily in producing those tubercles, and to prevent the consequence that certainly follows such a state of things, the deranged action of the pulmonary vessels must be set to rights; or, in other words, the tubercular state of the lungs must be changed, the tubercles must be removed, or rendered innoxious, and the vessels set to healthy action.

To effect this, as I think, pre-eminently important change, upon the vessels of the lungs, and recommend to the world a course of treatment of such cases, as are commonly called *consumption*, but I believe *misnamed*, and really are cases of *dropsy of the lungs*, is the object of this my little, but well intended effort. The idea of *dropsy of the lungs*, will no doubt be variously received by the members of the profession. By some, it may be even attempted to be ridiculed—I am prepared to expect that. This world has always been too apt to treat improvements in medicine so. Notwithstanding that my views on the disease of *tabes pulmonalis* may not be acceded to at once, with the same degree of certainty of the truth and fitness of them, that I think I see in them, yet I will venture to predict, that in less than half a century, what I have stated, and subsequently shall state, respecting that disease,



will be the universal and prevailing opinion and doctrine, throughout the medical world, and that so far uncontrollable disease will be cured on my principles and practice. This seems indeed like taking rather too much upon myself, as it is putting my views and opinions up, in opposition to the whole medical world besides. So it may be, and even so it ought to be, upon the fact, that I am right, and all besides are wrong. This truly has in part to be proved hereafter by facts—solid, strong, undeniable and indisputable facts—in the way of submitting cases to my dropsy treatment. Then, in my view, one such fact is worth a thousand theories to the contrary. And even this test, my medicine and plan of administration has in a degree undergone with success, but not to a necessary and perfectly satisfactory extent.

That there is a mistake, or a wrong taking up, somewhere or somehow, of the nature and consequently of the treatment of phthisis, I hope no conscientious and well informed medical man will deny. What then is this wrong? And where lies it? Not in the want of a knowledge of the diseased condition and state of the lungs as found after death. These things doubtless are correctly represented, as are also in a good measure the exciting causes leading the respiratory organs into that peculiar and diseased state. No one will be hardy enough to deny. I venture to assume, that the practice recommended, and professing to be founded on those plausible pathological displays of our best writers, is utterly insufficient to arrest the disease, and restore the lungs to health. Here then, is where the error lies, because here the insufficiency begins to show itself. Much expectation is raised by great pathological parade, but in



the end all is empty show, because utterly barren, leading to no relief.

As said before, the description of the lungs—how diseased, and what its diseased state consists in, with all the morbid phenomena of a consumptive—are, I have no doubt, correctly stated. Wherefore, it would seem that a correct judgment might be formed of a course of remedial treatment, that would remove all difficulties in pulmonary diseases. But in this disease, so far, it has indeed not been effected. There is, without a doubt, a cause for this failure.

Were I to look for, and point out the most probable cause of failure among medical men, in the treatment of phthisis, as I now judge of this matter, I believe I should say it was altogether owing to a fondness of, or at any rate, a proneness among mankind, *to follow in each other's wake*. From the nature of the termination of that diseased state of the lungs, denominated consumption, viz: an utter and entire wasting away of the flesh, it was extremely natural, and perfectly in character with the ancients, to call the disease by that name. I will be excused, I hope, for stating here, that at that period of the world, the science of medicine had in all probability not emerged out of its embryotic state. Thus, then, a morbid condition of the lungs, ending certainly in a wasting away of the substance of the body, became denominated *consumption*. This was quite natural. The same disease, it may be, occurring from century to century, down the annals of time, with the same wasting effects on its subjects, would naturally retain its apparently very appropriate name, *Tubes Pulmonalis*. For two thousand years and more, the pathology of that disease remained but very little known; and to say the least of it, anything like perfection in the development

of the condition of the lungs, in consumptive cases, has perhaps never been made near so scientifically and perfect, as within the present century; and one generation succeeding another and retaining the same name for the same disease, with all its accompanying prejudices and preconceived opinions, it so happened all scientific and medical men, imbued with the universal ideas about consumption, labored to the same point with their predecessors in establishing a plan of successful treatment of a disease that never existed, and so is done until now, and of course still utterly without success. This, I think, is the true cause why there has been so little, I might say, no progress made, in the treatment of *tabes pulmonalis*.

Enough has been said in the course of these very few observations about the diseased state of the lungs, always ending in what has been, time out of mind, called *consumption*; but I shall hereafter call *Pulmonary Dropsy*,\* to induce any one that reads what is said, to see that I think pathologists and other writers on medicine have shown much clearer the condition of that vital and all-important organ, the lungs, after the subject had been killed by pulmonary disease, than that they have succeeded in pointing out permanent and reliable modes of treatment to save those multitudes of subjects from the scalpel and dissecting knife. Much more grateful had it been to the readers of those learned disquisitions of the professors of one of our great public medical institutions of health, could the narrators have repeated how many of their fellow-citizens had

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\* By Pulmonary Dropsy, I wish always to be understood as intending to express a state of the vessels of the lungs, fit to effuse serous fluid, and that this effusion is made into the air-cells of the lungs, and thus constituting that disease.

been snatched from death by the potency of their improved sanative treatment, while comparatively but few were compelled to be consigned into the hard lap of death. I design no reflection on the profession, but simply bring into view unvarnished facts. We all know that perfection in any thing, is but seldom the lot of the pursuit of man; and no doubt the arcana of diseases are more slow, and often very difficult to develop; much more so than many points of general science. And withal, it is useless to deny the truth—men will too much follow in each other's track; and the fact is, the thing begins to look ugly.

Many statements have been made, and facts related by pathologists, and other medical writers, shewing the inadequacy of the popular notions and treatment of pulmonary dropsy, it would seem quite sufficient to indicate to themselves that different views of the nature of the disease fastened on the lungs, from what had so long been entertained and acted out, would suit the nature of the derangement better. And observing that, as a mistake, and the unfitness of their treatment, they would be induced to *seek* at least, for different pathological views, and of course, different treatment; to meet with effect, the difficulties under which that structure was laboring on these occasions. And besides this, one would incline to think that the very fact alone, of the popular and authorized treatment, having always been unsuccessful, ought to act on our public guides as a decided monitor, and induce them at least, strongly to suspect that something was wrong about the matter.

Dropsies of the lungs are introduced as dropsies are elsewhere, and that is, by something taking place that deranges the usual and healthy action of the



circulatory vessels. Perhaps in pulmonary affections, the exciting cause is oftener from what is called "taking cold," than any other. A person hereditarily disposed to dropsy of the lungs, usually inherits also a small chest and small lungs. Such an one will, in health even, though it may be unperceived by the person himself, have more or less difficulty of breathing, beyond what persons of good lungs and thoracic capacity have, under similar states of trial; hence the high, pointing shoulders and long neck. Such a lung, in its best state, has more difficulty to render the common exigencies of life necessary to be performed by that organ, than a lung of sufficient volume, contained in a spacious chest; therefore under increase of circulation, the pulmonary structure is apt to suffer violence, hence often homoptic affections. And under a somewhat different modification of lungs and chest; a more chronic derangement may, and often does seize and fasten on the lungs, or a portion of them, which gives out symptoms of cold. The lungs and system generally, now are, or soon get to be, somewhat feverish; a greater than ordinary afflux of blood now tends to the lungs; cough ensues, and more or less expectoration takes place. These affections, if not early met and removed, will soon fasten on that organ, and then bid defiance to "our learned profession."

Mackintosh, vol. 1st, p. 533; has these expressions:—"Physiology teaches us that in the healthy living body there is a constant secretion from the blood, of an albuminous halitus, which is deposited in every part of the system, and in no structure so abundantly, as the cellular tissue. Whatever deranges this interstitial secretion, tends to the production of preternatural substances. Hence any irrita-



tion may act as an exciting cause; not that it necessarily increases the activity of the secretory process, (which in health is very prolific) but because it perverts this important function." Here seems to be one important fact granted—the "exhalation of albuminous fluid into all the various cavities, and among others, largely into the air-cells of the lungs." The same writer states, on p. 531, when talking about the formation of granular tubercles: "This kind of tubercular formation in the lungs has long engaged my attention, and I feel convinced they are the air-cells, distended and enlarged by a diseased deposition, probably the consequence of inflammation of their inner membrane." Evidently this "deposition," into the air-cells, can be nothing else but the "albuminous halitus," before named; in quality, no doubt changed, from a natural and healthy, to the opposite state. And in this state, all things taken together, the lungs may be looked upon as in as perfect a dropsical state, as that organ is capable of being.

It is not well done to object to my view of lungs being the seat of dropsy, merely because not much water is usually found in them after death; whereas that is the case in dropsical affections of all other cavities. In fair reasoning, this makes no objection at all; because, besides the very great structural dissimilarity of the whole substance of the lungs (keeping in view its functions,) and other cavities of the body liable to dropsical effusion, and which dissimilarity alone would be an all-sufficient reason why we might expect an obvious difference in the sensible appearance of the parts, under dropsical effusion—the fact of persons breathing dry atmospheric air continually, and thereby eliminating from the deposit in the air-cells, the more subtle portion

of the "albuminous halitus," and leaving in the air-cells only the more crude and albuminous portions of the deposit, which matter itself on producing irritation there, is coughed up and spit away. Say the least of it, this view alone, accounts for the state the lungs are found in, and is in strict accordance with sound reason, and the operations of the animal economy.

Many men have laboriously examined the lungs, *post mortem*, of persons who died of dropsical lungs, and I will not dispute the honesty of their design, in making the statements that they make; but I will say that I believe generally, a writer, when he sets out to give his views to the world, and the result of his investigation, as it would be styled, he launches out with a good supply of preconceived notions in his head, how the things are, on which he is about to enter; and in the course of prosecuting his enquiries, he will (it may be unconscious to himself,) endeavor to shape all the important members of his subject to fit his preconceived opinions. This has, I believe, been done to a great extent by perhaps all our writers on pulmonary diseases. All probably, thought pretty much when they set out on their investigations, that the disease was almost any thing else besides what it really was. These objections to our writers and pathological investigators, are to be attributed to a notion that I believe always prevailed, and still now prevails, that dropsy of the lungs (popularly called consumption,) was a disease *sui generis*; standing alone, unlike to, and unconnected with any other disease. This isolated notion of that disease, always prevailing, no doubt was the cause of keeping it shrouded, and still now environed in thick envelop of mistaken and unprofitable theory, and a practice utterly unavailing.

Tubercles of various denominations, as was thought by some, were found in the lungs, of various colors and consistence; a considerable variety of density and apparent states of maturity; some appearing to be older, and others of more recent formation, &c. Others however state, that the lungs, so far as found tubercular, appeared as though all had been formed pretty much at the same time; and moreover, all agree that in the progress of this diseased state of that organ, these tubercles seem to ripen and form a species of pus, or thickened mucous matter, which is coughed up and spit out. This view of the diseased action and state of the lungs, is exactly what is required, and is every thing that is needful to constitute what I call dropsy of the lungs. The infiltration into the air-cells, in amount probably much increased by diseased action, the more volatile part of which is taken up by the breath and carried out, and thus leaving the gross and more albuminous matter in the air-cells, because the air cannot raise it; here it then remains, ripens and thickens, and by every pulse increases in quantity, until the amount in the air-cells irritates the tender organ, and so excites coughing, which will bring up that muco-purulent matter which in this way, and by this time it has come to be, and in this state is spit away.

The air-cells, as said before, are the repositories of the increased infiltration; and of this deposit the more fluid part being conveyed out of the lungs or air-cells in respiration, leaving only the albuminous parts; and this no doubt, becoming much concocted and exsiccated by the morbid heat of that organ, and so becoming more and more firm every moment, and the mass in each affected cell, augmenting every pulse, and the convulsion of coughing, not



emptying all the cells, it is probable, and the matter retained in them thus becoming old and firm, and somewhat assimilated to animal substance, (our writer says cheese.) Now when these papilla are thus found in the lungs after death, each one of these cells, thus filled, and no doubt most of them considerably enlarged, is called a tubercle. Now it is very reasonable to suppose that the interstitial membranes of the lungs with their blood vessels, are changed from their healthy, into an unhealthy state, and therefore may in this their state, transmit more fluid into those cells; and the mouths of the vessels being also enlarged, and become more patulous, may, and I think will transmit more and more crude and illy assimilated fluid, than in health. This I hold, is the nature and working of the disease fastened on the lungs, that I call dropsy of the lungs, but has usually been called consumption, now three thousand years and more. The condition of the lungs is well set forth by our writers, but no progress made by them, in advising a successful plan of treatment; and I think this was the result only, because they all believed it to be a disease peculiar to itself, and not such an one as it really was, pulmonary dropsy.

Now, that this infiltration from the blood into the air-cells, and the discharge of the matter so formed in the lungs, is one of the true causes of the waste of the flesh, there can be no doubt. Mackintosh quotes on p. 533. 1st. "An organ that has become enfeebled, secretes its peculiar fluid in an imperfect manner; these fluids no longer possess the degree of vitality necessary to stimulate and support the solids; they become from day to day more unnatural, until at length they cease to have any analogy with healthy structure." This I esteem an excel-



lent and very correct representation of the effect of a diseased lung, and one in a dropsical state. By some deranged action of the pulmonary vessels—and this derangement, I think, usually is sthenic rather than asthenic—but by whichever class of agents, in that respect, this unhealthy action of the lungs may be produced, the effect is the same, or in its consequence similar—an unhealthy exhalation from the blood vessels of the lungs into the air-cells, in the part or parts of the lungs affected. And this deranged and unhealthy state of things continuing in the lungs, or a portion of them, as stated in the quotation above, the unusual matter secreted not possessing the needful quantity of stimulant influence, the lungs naturally and necessarily cease to perform their usual and very necessary function of decarbonizing the blood, and the blood thus becoming of unhealthy mixture in its component parts, the body of the lungs will by degrees become more and more affected, until the whole mass ultimately becomes diseased; and the blood, by the imperfect action of the lungs upon it, having lost its stimulating and invigorating quality, all the muscular parts of the body, and glandular structures throughout, become enfeebled and incapable of performing their destined and needful functions.

Mackintosh, vol. 1st, page 536, says: "On removing the lungs from the body, they are found to be much heavier than natural. One case I have already mentioned, in which they weighed nine pounds and three quarters. Notwithstanding the assertion of Cornell to the contrary, I have several times seen the marks of the ribs left upon the posterior and lateral parts of the lungs, when they were very heavy." In such a viscus as the lungs there need not, and indeed there cannot be expected a

proof more clear or positive, of there being foreign matter deposited and retained in the lungs, than is said by Mackintosh in the sentence now repeated. This unnaturally great volume and increase of weight, speak for themselves. Nothing can account for it, only that there is a considerable portion of its cavities or air-cells, filled with serous, or other more crude exhalations. In one word, let the idea of dropsical lungs be adopted, and all will instantly come right—every body will see a fitness between the state of the lungs, given above by Mackintosh and the disease I insist on; and it will require but few words to shew the reasonableness of the increased weight as well as volume of the lungs. And Mackintosh further states above, that the lungs were so much enlarged in volume, as to be pressed against the surrounding ribs; and that the impressions of the ribs remained on the lungs contiguous to them; nothing could be mentioned more analogous to an anasarcaous state of that viscus. It now seems to me that nothing more need be adduced to remove prejudice, and settle and establish my assertion, that vulgar "*Tabes pulmonalis*," is neither more nor less than a *Dropsical state of the lungs*.

Great labor has been bestowed to lay open to view and perusal, all the parts of the body liable to become diseased in the course and final progress of one of these mortal pulmonary affections. Often their very appearance, and all pertaining to them, are shewn clear and satisfactory; thus it has been stated, that the bronchia, the plura, the heart and pericardium, the stomach and intestines, the spleen, the peritoneum, the omentum and several other structures, were found in a state greatly diseased. And in fact it appears that by the time a case has passed through all the gradations of diseas-

ed action and is terminated by death, no soundness remains anywhere throughout the whole system ; but every part is become putrid, or nearly so. These things seem to be brought into view by our pathologists, as something to be wondered at, and at least as adding very much to the mysterious and awfully diseased state of the human body, under the influence of *tabes pulmonalis*.

Now according to the view I have of these things, and gave above, this is all natural, and only what we might and ought to expect to find under such extensive derangements of the pulmonary functions. As said elsewhere, the lungs are the great chemical laboratory of the blood, and they are under such an utter state of derangement that they are incapable of either adding to, or taking up from the blood, as is required by the law of animal life, to keep the blood and fluids all sane ; therefore the blood and all the fluids secreted from it, are in a condition unfit to support vitality and health any where and every where. But most especially will glandular structures suffer and be eminently liable to become diseased ; because even in health, the blood passes slowly through the glands, and now under the enfeebled impulse of the heart in this disease, no doubt, often partial stagnations will take place in some of them ; then in the vitiated state the blood is now in, disease of some sort falls upon them, as well as also on the structures above named. Mackintosh further says, p. 535, vol. 1st. " It often happens that in persons who died of phthisis, we see the bronchial, axillary, and inguinal glands greatly tumified and diseased, &c."

Let not an objection be brought against my opinion of the lungs being liable to dropsical effusion, on the ground that the causes producing pulmonary



derangements are evidently very various. There is perhaps no disease induced by a greater variety of remote causes, than acknowledged dropsy, and besides I have been induced to believe for many years, that our ordinary dropsies were evidently and strongly inclined to be hereditary, and who is there of any considerable observation, that is not prepared to acknowledge that very often, if not generally, some peculiarity of form, and sometimes of character too, permanently attach to, and descend in the lineage of families? And I have no doubt that these peculiarities of form and character, do materially affect and determine the kind of diseases persons are particularly liable to. The different temperaments, assuredly modify diseases.

The variously diseased condition the lungs are often found in, after death, is no evidence against dropsy of the lungs being the nature of the disease that carried off the patient. There is perhaps no disease that has precisely the same symptoms on any two persons; nor is the system precisely affected similarly by the same disease, in different persons. Hemoptysis usually takes place in consequence of mal-conformation of the chest alone, but may also take place in consequence of violence, and either way induced, may lay the foundation of imperfect action of the vessels of the lungs and result in dropsy of that organ.

I will now here acknowledge, and I have no where disputed it, that our pathologists have given us true statements, in their learned, able and very particular investigations, *post mortem*, not only of the lungs generally, but the rest of the body universally, as far as found diseased. All this, I admit, is good, and I am highly pleased with it. But unhappily for mankind, all, so far as I know, stopped here,



yes rested content and seemed magnanimously satisfied, when they had well examined the various diseased parts critically and made full and long statements, with regard to the condition they found the several parts in. But so far as regards the method of relief, no progress was made by any one of them; and all, so far as I know about our latest and best writers on practice, follow each other in the same beaten track, with others that have gone before them from time out of mind, and this is done, knowing it will not benefit the patient "one stiver." But perhaps a good apology for this kind of conduct is, *the doctor don't wish to be esteemed a quack! nor an innovator.*

It is useless to lengthen out this subject, and make many statements. Suffice it to say, in a word: medical men, as well as all-mankind, besides, were early led into a gross and radical mistake, about the true nature of pulmonary dropsy, and this, no doubt from the appearance of its subjects. They are consumed sure enough—reduced to living skeletons. Now the cause of this great waste, seems to me, occupies the surface pretty much, and ought to have been taken hold of and acted on, long ago. As shown above, nutrition and assimilation are suspended, by the unhealthy debilitated condition of the lungs acting on the blood, and the blood again on the glandular system, and so this becomes a source of wasting away, and then the increased afflux to the lungs, and great secretion from the blood into the air-cells of the lungs, which infiltration is thence eliminated and carried off in part, by the constant respiration of dry atmospheric air, and the balance, in a more consistent form, is raised by coughing and then spit out. It is scarcely necessary for me to name here, that these consistent sputa,

consist of such matter, as of all other forms of fluid, is most wasteful or fully as much so as any other, and saps the constitution most rapidly.

It seems to me that from the shewing I have now made, and expect hereafter still to add a little thereunto, to elucidate and show clearly and satisfactorily, the similarity of the diseased state of the lungs, under dropsical affection, and the deranged condition of certain other of the viscera, laying the foundation for ordinary dropsy, in other parts of the system, is and will be such as ought to satisfy every person nearly, in search after truth, that consumption is in fact dropsy of the lungs. Old and long cherished opinions, I know, are slow to yield and hard to be surrendered, not alluding to the old adage of "There is no one so blind as he that wont see." The ground of my arguments and showings, are pretty much all taken from writers, who conscientiously believed when they wrote, that the disease they were developing, was sure enough a disease of its own individual kind, distinct from all other human diseases. And here the great and fundamental (I might say fatal) error lies. Now, I hope I have made the similarity between dropsy of the lungs and dropsy in the other parts, plain and striking enough in what I have already said; but as this is the pivot and the point where the great mistake has hitherto lain cloistered in safety from the view of the world, something more, still elucidating and confirmatory, will no doubt be well.

The state of the general system is the same during the preparatory stage for dropsy of the lungs, that it is for dropsy in any other part of the body. I intend to say, that there is in either and all of them, for sometime, a period liable to vary much, as regards length of time, of a low, feverish state of the

general habit. The patient is apt to say, while in this state, that he "is indeed not exactly sick, but feels evidently that he is not well." These feelings equally obtain in all forms of dropsy, whether of the lungs, thorax, abdomen or cellular tissue. One symptom attends dropsy of the lungs, that is nearly peculiar to that form, I allude to cough. This cough ought to serve as an index, pointing out the probable locality, or focal point of operation, that the circulatory vessels will take.

All dropsical persons retain their appetite unusually well and long, considering them as diseased persons. In this respect I know no difference among the various forms. The primæviæ, I incline to think, generally, are apt to be more deranged, from the stomach throughout, among persons of pulmonary dropsy than persons of either of the other forms; the bowels of all are, however, constipated. Bloodlessness of countenance and surface generally, is also common to all. The hectic flush, is sympathetic, and therefore no exception. A disparity between the ingesta and the strengthening and real nourishment that they receive from their food, is also alike in all. In my opinion, none really nourish much from their food. Such digestion and assimilation, as the several organs destined for these uses, are now capable of performing, in my view, produce only such gross juices as tend to add to the general mass of crudities, already superabounding in the circulation. Very little strength is derived from this mass.

Tapping a dropsical person frequently, unless his general health should, contrary to expectation, be improved thereby, or by art some other way, or naturally by the force of the *vis medicatrix naturæ*, will hasten any case on to death, much faster, than if

he were not tapped. In dropsies of the abdomen, chest, or cellular tissue, if the effusion or deposit is left uninterrupted, the part of the deposit will in due time get full, so as with difficulty to yield, and receive more; hence the circulating fluids remain considerably stationary in volume, and thereby, afford the usual tone and firmness to the solids. This even, affords a hypocritic resemblance of strength. Now empty such a sack of deposit, and the circulating vessels can at once, with ease, unload themselves; and thus soon bring on dangerous inanition throughout the system, but especially dangerous, I think, as regards the brain. In a case of dropsy of the lungs, the healing agents of nature, the circulating vessels, throwing off largely into the air-cells, as in other dropsies, into other cavities. The lungs, however, constantly throwing off what is secreted into them, is one reason, and I think a potent one, why persons of dropsical lungs terminate their career sooner than other dropsical patients usually do. This daily evacuation of the lungs by breathing, and by coughing and spitting, I esteem equivalent to daily tapping in point of debilitating the patient, and moreover is the great, and perhaps the only cause, why persons under the disease of dropsical lungs decline in flesh, while in other forms of dropsy they do not. This is indeed an idea drawn merely from analogy, but I think is correct.

Ascites and hydrothorax, before they land their subjects into eternity, are certain to induce anasarcaous swellings of the lower extremities, and often of the body generally. These swellings come on usually after the cavity constituting the primary seat of effusion is pretty full. This anasarcaous affection is well known among practitioners of medicine, to take place in those cases, which I distinguish by



the appellation of dropsy of the lungs, and is, I think considered the next to the last stage the disease carries its subjects through before death. This anasarca having continued for a short space, a diarrhœa usually supervenes, which soon carries off the emaciated and enfeebled subject. No doubt this diarrhœa takes place in consequence of the diseased state the stomach and intestines are said to be found in, after death, by our pathologists; and this derangement again, is owing to the deranged state of the lungs, and its blood vessels, as shown elsewhere, in this my little essay; and so is peculiar to pulmonary cases only.

In another circumstance, dropsy of the lungs is like dropsy elsewhere, it is this: The lungs and pulmonary vessels have to pass through a preparatory process of slight or chronic inflammation, to become suitably adapted for the approaching increased afflux of blood and humor, as well as to prepare the vessels of the interstitial membranes, for the transendation of the fluid intended to be deposited there. This preparation of the vessels, and adaptation of the particular structure, that will become the future seat of the watery deposit, are doubtless effected during the precursory febrile state, the vessels and systems are always found in, before effusion takes place.

## A FEW THOUGHTS MORE ON PULMONARY DROPSY.

I have now said a good deal, trying to show that consumption is truly dropsy of the lungs. When I survey what I have written, I could wish I had comprised what I have scattered over a good deal of paper within less space; still I cannot see one

idea that is contained in that portion of my essay, that would not, if taken away, leave the balance more or less injured. I am fully sensible that my method of composing, is too stale for the palate of the present day scholar, and even now, I might perhaps say, what I aim to say, more acceptably, by simply saying, that my composition is deficient in fluency of style, when compared with the composition of medical writers of the present age. All this, and more than this, if demanded, I readily and cheerfully grant, because I know it is true, and it is true, because I cannot well help it. My most ready excuse, and perhaps the best too, is, that it is now a long time, that I have looked but little into medical books; so long, that the style, language and easy manner of conveying my ideas, is not at my command, and moreover, in the main, the ideas intended to be conveyed, are original, wherefore I was usually more careful to put them down in language current with me, than to be careful to look long, to find fashionable dressing for them.

My ideas on that affection, I have just now said, were original, and I may say more, are new, even to myself. Not quite three years ago, I thought about that complaint, as every body else now thinks, namely, that it was a disease of its own kind, *sui generis*; altogether, and additionally, did I think, as probably every body now does (medical writers not excepted) that something like a doom of incurability was firmly attached to it, like a tight garment, that followed it so far through time, and in all probability would descend with it to the end of time, all the while bidding defiance to the scalpel, and all our fine pathological exhibitions. So I thought about it, I say, if I could be said to think about it at all. But to say the least of it, I confess that the disease

has for many years seemed to me so perfectly unmanageable, and so strictly and so positively beyond the influence and control of the science of medicine, that very long I had ceased to think seriously about it at all. The way was this: In the year 1812, I lost a wife by it. She lived under the influence of the disease six months, all of which time I strove and did all I could do, to save her life and restore her to health. But all failed; she died. I made great efforts and had the co-operation of medical men of professed skill, aided by many years experience, but all proved unavailing. This, I confess, discouraged me with regard to that disease; for I did my best, and did it hopefully; but when all, notwithstanding, failed, I gave up in despair, and but seldom thought about a way of relief in such a case since, until a little while back, as stated before. But now my notions are so perfectly different from what any man before me, perhaps, ever thought, that I am prepared to expect the medical world will be slow to go into my views on the subject. But however this may be, I am comforted with the reflection that what I say, I believe is true, and "truth is strong and will prevail."

In my foregoing essay, I have endeavored to bring before my readers my views of the disease popularly called *consumption*, but I think is misnamed, and ought to be named dropsy of the lungs, or pulmonary dropsy. I am quite sensible of the apparent fitness of the old name, for the disease in question, and I am quite sensible too, that while the opinion accompanies that old name, that hitherto always has accompanied it, the disease will never be extricated from that labyrinthian maze, into which the universal consent of mankind has doomed it. All the rational part of mankind, when they

reflect a moment on this matter, I think, must be satisfied that if the medical world had well understood the causes, both remote and proximate, of this disease, and also had duly considered on the state and condition of the circulatory vessels, they would, in all probability, hit upon some plan, or mode of treating the disease successfully, before this age of the world. But on examining this matter, it will be found that there is as yet no regular, systematic and successful mode of treatment known, or recorded in our books of authority. Oh, no! All is dark, and will remain so, until the existing pathology of that disease is changed, nay, abandoned altogether. It would look too much like the dog in the fable, barking at the moon, for so private, so unknown a person as I am, to say all that might be said here, against the way the profession has conducted in this matter, for many hundred years—I forbear saying for several thousand years. All that is important to be noticed in the matter, is of universal notoriety. All mankind know that whoever has the consumption well fastened on him, is a sure candidate for death, so far as the science of medicine is concerned, at all events. Or in other words, it is a fact, that the honest and earnest labor of men, deep skilled in medical science, generally, have as yet found no sure treatment, with which successfully to meet that inexorable assailant of feeble man.

It may be easily observed in looking over what I say, when treating on the nature and cause of pulmonary dropsy, that I feel certain that our popular theories on that disease are an error, and that our pathologists have misconceived about the disease in question, altogether. I there attempt to give my views of how it has happened, that all mankind was misled, respecting that disease; medical men as



well as others. And the way was natural, easy and very imposing. By ocular appearances, all the world was led astray, and formed mistaken notions of that disease—all mankind, the learned and the unlearned, the thinking and the not thinking man, all, all are down in that abyss. There is such a disease, all must grant, and it is seated in the breast, and then upon the lungs, which if any one takes or is taken of it, produces coughing and mucous expectorations, fever and a great leanness, with debility. The existence of this disease is known, and it is also known too, and declared in medical works, that the matter spit out by such, is eminently calculated to induce exhaustion of strength and substance. This was certainly right and true, but here our writers, our theorists, have stopped and gone into investigating and searching out the particular and diseased state of the lungs after death. Among other things that were found in a lung in this condition, there was a great, a morbidly great afflux of blood and other fluid to that organ, and before this state was arrived at by the disease, there must, or might have been observed by the physician, a precursory febrile state of the system generally, while at the same time, there existed in the lungs, the affected organ itself, something of an inflammatory excitement. This state of things always pre-exists with a person whose system is preparing to enter into this wasteful pulmonary affection. After the exhalents are, as I hold, thus enlarged and capacitated for much increased action, the inflammatory state of the lungs somewhat abates, and free expectoration takes place. And now the whole train of debilitating and wasting agents are fully set at work, or very soon will be.

Let medical men, let every body call what I call pulmonary dropsy, just what they please to call it—call it by the old name, consumption, if that pleases better than what I think it ought to be called. I shall not object. The name will benefit nothing ; will neither add to, nor detract from successful practice. The only thing of consequence in practice is to have proper conceptions of the disease, in all its connections and bearings. To obtain a more sure, yes, a perfectly reliable mode of treatment of pulmonary dropsy, that shall inspire the physician with ease of mind, having confidence in himself, that he possesses power and skill sufficient triumphantly to compete with the disease, is the whole and ultimatum of my aim. And perhaps if I were to lay my object more explicitly before the public, it would be best done by saying, that I wish to arouse public medical attention to the true state of the system when under the influence of that kind of diseased affection, the end of which is the wasting away of the flesh and strength of the diseased person and then death.

In stating what I now state as my supreme aim, I wish, however, distinctly to be understood, as not abandoning any one expression that I have made any where in my writing. But let all be assured that I possess full confidence in the truth and rectitude of what I say on the cause and nature of pulmonary dropsy. It is a truth, for instance, that it seems to me surprising, that medical men, in examining lungs, *post mortem*, and being often present with, and attendant on persons in all the stages of that disease, that neither the condition the lungs were found in after death, or the state of the system, with its symptoms, while living, should never have suggested to them a great similarity between

a person about going into this disease, and those about going into one of the forms of ordinary dropsy. And again, it seems very strange, that wise and good men should hold on so long to the same pathological notions, when it is known to themselves and to every body else, that in point of practice, their display adds nothing profitable at all. So far as appears, the profession is as far from being in possession of a reliable treatment for pulmonary dropsy now, as ever they were.

It seems quite evident to me, that my views of the nature of that old pulmonary complaint, commonly called *consumption*, but by me *pulmonary dropsy*, are true. Reference to my essay on the nature of that disease will, I think, make it appear exceedingly probable, and I now still feel no doubt that my views, there expressed, and my plan of treatment of that disease, hereafter to be exhibited, will correspond, so as to give to the world a new and valuable mode of treating that hitherto, and now unmanageable disease with success. This is indeed matter of anticipation and supposition, or at any rate partly so. I anticipate that the time will soon arrive, after this my little book has gotten out into the world, that men will presently learn to append to my diuretic composition, such adjuvants, as will together with it, be found sufficient, presently to arrest the progress of the disease, and restore to health, all persons afflicted in that way, or at any rate, as near all as is common to save, in other serious diseases. I have very little hesitation now in saying, on what I have seen of its efficacy, in some cases of that disease, in which I have tried it, that in all fresh and recent attacks, it will require but very little if any help, and in old constitutional coughs, it is a

sovereign treatment. This I have experimented to my satisfaction.

I labor under the misfortune, or disadvantage at least, of living in a part of the world, where serious pulmonary affections of any kind are very rare, and pulmonary dropsy is almost unknown, wherefore it is, that I cannot procure cases to experiment on. It would have been a gratification to me, could I have tested my theory effectually, in my life time. I feel well assured in my mind, that in some cases, even from the first, some extra medicine will be required. The system, I should say, in this affection, as in other forms of dropsy, may, and no doubt will, often require preparing, for the diuretic to act kindly and beneficially upon it. This must be left to the judgment of the attending physician. Cases far advanced will certainly require some extra medical treatment, and cases of long standing, in which the lungs and system generally, but the lungs and stomach especially, are much diseased, and functionally greatly deranged, will require peculiar treatment; and besides these particular organs, the system throughout must be attended to.

When I first began to administer my diuretic compound in cases of common dropsy, containing the same, or very nearly the same component parts then as now, I found in some cases I gave it in, the composition acted very well and performed everything I wished or even thought needful to be done; while in others I could scarcely see anything that was done right, by the same composition. Then my patients remained pretty much stationary, and yet both kinds had the dropsy. During all this time, about eight or nine years, I gave my mind but little trouble respecting the *modus operandi* of my said medicine; or the condition a system should be



in, for the profitable reception of it. I gave it to the second patient, pretty much because it had cured the first, without reflecting *much* about it, in any way. I was then generally very busy in a heavy neighborhood practice. Thus proceeding for some years, and obtaining a patient only now and then, as other men of the profession do, I did indeed not give the necessary attention to the particular state that the arterial system or circulatory vessels of my patients were in, when they first applied to me. To get these obstinate and immoveable cases along at all, I was compelled somewhat critically to attend to particulars attending them in the course of this treatment. Thus, observing the symptoms, and therefrom inferring the particular state of my patients' internal and visceral derangement, and then considering on the powers of my medicine and its tendency; I thus gradually discovered the proper condition a system should be in, beneficially to take my medicine. And now I began to see the cause of my want of progress in some of my cases, and why my medicine was so tedious in effecting what in some of my cases I had so long to wait for. And thus I gradually discovered one thing after another, until now; and it may be that even now, all is not discovered that might be conducive to perfect the management of some cases of common dropsy. But I feel authorized to say, that such as I now have perfected the mode of treating that disease, and the manner of preparing the system for the profitable administration of my diuretic, very few indeed, if any, need die with dropsy, who will in due time apply to my remedies and plan of treatment.

But as it once was with regard to anasarca, ascites and hydrothorax, so it now still remains with respect to pulmonary dropsy. Much of this needful

extra treatment, necessary to treat pulmonary dropsy fully and perfectly, has still now to be discovered. That such will be found to be the fact in most, or it may be all cases of some good while standing, I have no doubt, and it may also often be required in more recent cases. In each one of the three ordinary dropsies, there exists something peculiar to itself, and different from each one of the other forms, making some difference in the treatment necessary. So I think there will be of pulmonary dropsy. Something adjuvant will have to be appended to any diuretic treatment that will do what is necessary to be done, it may be to the lungs, or to the general system, or to both, which my diuretic cannot do. In the course of treatment in the three common forms of dropsy, some symptom, almost in every case, will be evolved that indicate more activity in the sanguiferous system than what has usually attended, and the patient, to one unacquainted, would be pronounced worse. It will be recollected that I mention this occurrence elsewhere, and there give proper directions to meet and subdue it. Such a state may come upon a person under treatment for pulmonary dropsy. If in any case such should be the fact, if the symptoms are inflammatory, it must be met with antiphlogistic treatment. If pain should rise any where in the breast, it had best be met with some dissipating external treatment, as warm fomentations, mustard, or flues. I am compelled however, for want of having attended more cases of this disorder, to leave the proper treatment of evolving difficulties, very much to the judgment and discretion of the attending physician.

Now with these few foregoing prefatory remarks, I will for the present rest content, believing that first and last, I have shown satisfactorily, that in

the course of medical treatment of a case of ordinary dropsy, it is usual for symptoms of disease to be evolved that were not apparent before treatment; and which symptoms arise from and out of the very nucleus of deranged structure, that constitutes the cause of the existing dropsical affection, and which new, or it may be, only aggravated symptoms, requires speedy medical attention. And I will now only add, as a natural inference, that if I am right in supposing consumption to be pulmonary dropsy, that in the course of treating that kind of dropsy, with my diuretic, there should appear some symptoms, it may be new, or perhaps some usually attending symptoms, only acuated and made more apparent. It is reasonable to suppose that this should be so, in treating such cases, and if indeed it comes to be so, in any case, it will be necessary the practitioner should try and adopt some treatment suited to the nature of the symptom or symptoms, or it may be, state of the system, that may become so evolved; also, it may so happen, that my diuretic may remove some of the untoward symptoms, but leave some unremoved; these too, will of course require special attention; and as suitable treatment as can be devised.

#### CASE V.—PULMONARY DROPSY.

Mr.—; aged 22 years; of consumptive family; his mother and some others of the family having died of consumption; his hair and beard are black; eyes dark, rather than black; has been so far through life considered as stout a young man as common; had something in his complexion and eye, that strongly indicated his temperament to be mixed, of bilious and phlegmatic; had of late followed the occupation of house carpenter, for several years. His

moral habits, so far as known, were steady and good; strictly sober; his chest was inclined to the incapacious; upon the whole, rather a slender habit.

About five months ago this young man was attacked with hemoptysis; he bled quite freely then, and occasionally has bled copiously since, at different times. At one of these times, it was thought that he had bled a quart, or very near a quart, before it subsided; had hectic fever regularly, every afternoon, followed by heavy night sweats, which together with his cough, and consequent expectoration, have debilitated him very much; so that now he is extremely weak and reduced to "a perfect skeleton," wherefore in exercising a little on foot, his breathing becomes very much hurried. His extremities feel cold and clammy; his pulse is exceedingly frequent, feeble and often indistinct and irregular, cannot be counted. The cough is not remarkably constant, nor often very hard. Expectorates muco-purulent matter copiously, especially in, and during the morning, and early part of the day; sleeps comfortably and plenty; urine is moderate in quantity, and generally usual in color; appetite by no means good; bowels in good state; feet somewhat swollen.

MAY 9th. Began to take my diuretic; 4 small table spoon fulls of the Seneca, and not quite 1 spoon full of the Digitalis. At 7 in the evening the pulse was sensibly filled, was now perfectly distinct, and perceivably more low; no effect any other way.

10th. Rested well as usual: thinks he sweat less; no other sensible change; directed the diuretic as before.

11th. Rested well; sweat less; pulse more equal, and a little firmer; no other change; takes his medicine as before.



12th. Rested well last night; sweat very little; pulse evidently more round, and perfectly equal, but a little tight or corded; coughs less, and more easy to himself; looks improved, more lively; directed the diuretic from 10 till 8; no unpleasant effect from it, in no respect; at 5, the pulse was a little irregular, but perfectly distinct.

13th. Seems still improving; sweat none at all last night; pulse more expansive this morning, than ever observed before, and quite equal; has not observed any increase in quantity of urine, but is evidently more clear; coughed and spit more than usual, last night; cough not distressing, and brings up matter easy; directed diuretic from 10 till 8; coughed less to-day he thinks; pulse a little irregular at 6 this evening; very damp air all this week.

14th. Seems sensibly better this morning; pulse more voluminous, and slower; coughed less through the night, but sweat a little, says *very little*; is directed to take tea from 12 till 8; At 5, his pulse was very equal, was larger than ever I felt it that time of day; coughs but little; hawks and spits mostly; breathes too short; directed him to try and inflate his whole lungs, by forcing his breath down to the bottom of them. For this purpose a good inhaling tube would be serviceable.

15th. Coughed a good deal last night, and spit more purulent mucous matter than usual, but seems quite cheery; sweat none at all; pulse still improving in volume and frequency; no derangement from the tea; directed to continue the tea from 10 till 8; at 5, pulse equal and sensibly slower, but still too frequent; coughed but little through the day; hawked and spit a good deal, altogether mucus; breathes a little more full.

16th. Pulse still improving; 114 beats in a minute; is quite equal, and sensibly slower; sweat none; cough is moderate; spit a good deal through the night; tea from 10; he laid it aside at 5; at 5 the pulse was large and stronger than usual, much; coughed but little through the day, hawked and spit moderately.

17th. Coughed only twice last night; spit tolerably free what he hawked up; sputa improved; more perfectly mucous; breathed steam of nitric acid; takes no tea to-day; pulse increased in volume, 105 per minute; no sweat last night; drinks diluted nitric acid all day, and inhales the steam of it.

18th. Pulse much slower than formerly, but still 110 in a minute; cough sensibly abating; every way seems improving; takes no tea; but continues drinking diluted nitric acid, and steams with it.

19th. Pulse this morning at 75; cough much abated; breathes deeper and fuller, and much slower; hawks and spits a good deal, mucus altogether; drinks diluted nitric acid all day, and steamed with the same; took tea from 4 to 8; looks improved.

20th. Pulse between 75 and 80; this morning, regular and soft; sweat last night again; cough still abating; directed tea from 10 till 8; no effect on his nerves yet.

21st. Pulse 89; large and tolerably full; takes no diuretic; takes diluted nitric acid; sweat none last night; coughs less; spits a good deal, all mucus; tea from 4 till 8.

22d. Seems nervous and feeble this morning; pulse quite frequent; coughs more than usual, and did so last night; spits no great deal; no tea; water off of cream of tartar.

23d. Still rather oppressed, but less than yesterday; pulse slower; coughed hard at times last

night and spit a good deal; at 6 p. m. is entirely clear of any influence of the tea; pulse large, round and full, and perceivably slower; coughs a good deal, and spits pure mucus, and a good deal of it; took cream of tar-tar.

24th. Seems quite pert this morning; rested unusually well last night; took on going to bed 15 drops of laudanum; coughed the same as none; hawked up uncommonly much mucous matter; took no tea to-day, which was contrary to my directions, he thought his tea had grown sour; pulse bad this evening.

25th. This man is this morning in a universal nervous tremor, equal to an ague fit; don't feel chilly himself, neither does he feel cold to my touch; says he has several times been so before; pulse small and very frequent; sweat some through the night; cough and spitting about middling; this tremor left him in about two hours, and he took tea from 10 till 8; in the evening seemed pretty smart; pulse more slow and round.

26th. Seems tolerable; no sweat last night; pulse round and middling strong; tea from 12 till 8.

27th. Pulse large and full; no night sweat; ordered tonic, of carbonate of iron and columbo; at 6 p. m. seems much as usual; pulse good.

28th. Pulse too frequent; sweat a little last night; coughed much and spit a good deal; looks languid this morning; ordered the digitalis every two hours, to reduce the pulse; took his tonic this morning; at 6 p. m. pulse still large, full and frequent; took the digitalis but twice; forbid tonic; ordered balsam of wild cherry, and 15 drops laudanum at bed-time.

29th. Rested and slept well; coughed none all night, but sweat a little again; seems sensibly smart-

ing up some ; took tonic, and is directed to take tea from 10 on.

30th. Pulse rather low this morning ; ordered tea from 10 till 8 ; at 7 p. m. pulse round, equal, and a little too frequent ; sensible perspiration to-day ; ordered on going to bed 15 drops laudanum, and a dose of Wistar's balsam.

31st. Seems quite pert this morning ; pulse not exceeding 80 ; round and soft ; directed tea from 12 till 8 ; at 6 pulse very frequent ; looks feeble ; coughed much, he says all day ; took nothing.

JUNE 1st. Pulse about 80 to 85 ; seems pert ; directed tea from 4 till 8 ; at 7 seems quite smart still ; took iron and columbo before dinner.

2d. Pulse 85 ; seems tolerable ; at 6 is quite smart ; took some tea to-day.

3d. Find him smart this morning ; no sweat ; pulse good, only too frequent ; took tea from 10 on.

4th. Is only middling this morning ; pulse nearly slow enough ; at 6 upon the whole, pretty smart ; feet swell a little more, I think.

5th. Seems as usual this morning ; pulse pretty good.

6th. Is much as usual ; pulse rather smaller this morning ; ordered a large dose of his tonic powder this morning ; tea from 4 till 8.

7th. Seems quite stout ; pulse too frequent ; sweat none ; spit freely ; directed tonic and diuretic ; at 6 seemed jovial ; pulse large, but still too frequent ; coughed a good deal to-day.

8th. Pulse very irregular ; sweat none last night ; seems middling ; ordered tonic ; at 5 pulse better ; seems smart ; rode out on horseback.

7th. Pulse pretty good again, but sweat last night ; looks well enough, only weak ; at 6 is so still ; began this evening to have him well rubbed



with vinegar and mustard, warm ; directed this to be well done three times each day.

10th. Seems as usual ; says he coughed much, and spit unusually much, but brought up easy ; iron and columbo ; pulse is better this evening than usual at this time of day.

11th. Fully as smart as usual ; pulse good, except too frequent ; sweat none ; spit freely ; coughed moderately ; at 6 cough and spitting less to-day than usual ; pulse too frequent, but quite distinct, and softer than usual.

12th. Cough and spitting diminished, and no sweat ; pulse pretty good, and appetite improved.

13th. Spit much last night ; seems feeble ; pulse soft ; drinks nitric-acid ; at 6 no alteration.

14th. Pulse pretty good ; sweat none ; takes tonic, and is directed to take tar-water ; at 6 as in the morning.

15th. Pulse quite good ; coughed and spit a good deal ; otherwise as usual ; drinks tar-water.

16th. Pulse still pretty good ; coughed and spit less ; seems quite smart.

17th. Pulse continues good ; coughed and spit less ; sweat none ; seems quite revived ; looks and talks strong ; continues the tar-water ; is directed to take syrup of hoarhound and cumfrey now and then, and his tonic morning, noon and night ; still continue the friction with vinegar and mustard ; at 6 pulse slower than usual for him at this time of day ; looks quite smart.

18th. Pulse larger and soft ; coughed but little ; sweat some ; seems middling ; at 6 coughed and spit but little all day, but seemed breathless and feeble ; had labor in breathing all day ; at 6 seemed like one nervously oppressed. I judge the tar-water constricts his lungs too much.

19th. Pulse exceedingly good, except a little too frequent; coughed and spit but little all night; sweat none; talks better and stronger.

20th. Pulse very firm; slow enough, soft and not too large; but sweat some last night; cough and spitting light; at 6 seemed dull and heavy with sleep; only about middling all day; very wet and raining.

21st. Pulse stout this morning; spit freely last night; coughed but little; seems pretty smart this morning; at 6 took tar-water freely; began to take elixir vitriol to-day.

22d. Seems as usual; sweat none; pulse good; at 6 pulse a little too tight; is upon the whole middling.

23d. Seems so-so; not as smart as he has been, yet no way bad; coughed and spit but little; sweat none.

24th. Pulse frequent and corded; is otherwise as usual; takes tea; at 6 pulse large and soft.

25th. Pulse large and open; spit freely through the night.

26th. Pulse too frequent; sweat last night; coughed and spit middling; takes tea from 12 on; at 6 pulse too frequent.

27th. Pulse still frequent; coughed and spit less last night, and brags of feeling smart, and resting well last night; at 6 is about as usual; has undertaken to inhale the smoke of burning rosin.

28th. Pulse better; seems feeble but no way worse; rode out in the evening; uses tar-water and tonics.

29th. Pulse full and very frequent; sweat none; coughed but little; spit a good deal; at 6 seems middling.

30th and 31st. I was absent—but left medicine and directions.

JULY 1st. Find him tolerable pert; pulse slow; says he feels pretty good.

2d. Pulse regular in frequency, but too frequent; appears to be tolerable.

3d. Pulse as yesterday; spit a good deal; seems as usual; tea from 10 till 8; began turpentine pills.

4th. Pulse pretty much the same; skin feels natural, and he evidently looks better; he was now carried in a buggy a mile or so out and in, morning and evening, just one week; improved him much.

5th. Pulse more expansive and slow; spit less last night; seems smart; takes no tea; pills and tonic.

6th. Pulse 105; but soft at 10 o'clock; seems rather dull; gets no riding out at all.

7th. Pulse as yesterday; is a little more sprightly; feet swell more; coughed and spit less; takes turpentine pills and tonics; but still gets no exercise.

8th. All much as usual; feet now keep swelled all night; is costive; evidently retrograding.

9th. All just so still. I left him to-day and went eight miles into the country to see a patient, and never saw him but once afterwards. I became hopeless of saving him, without the aid of carriage exercise, and the use of a well furnished shop of medicine at my command. For want of suitable articles, I substituted crude, and in some instances improper articles, as may be seen by reference to the case. My friends in the place told me indeed, that he was too far gone in the disease before I saw him. How that positively was, I never shall know, but always shall believe, late as it was in the progress of the disease when I found him, that if I had had a fair

chance with him, I would have succeeded in restoring him. But as soon as I left him, and he got from under my treatment, he regularly descended, and soon died.

I will now here only further premise, that this young man was certainly far advanced in the disease, when I first found him; was already in that stage marked by writers, as next to the last one a patient usually passes through to his end—had swollen feet and ankles. Besides this he was exceedingly emaciated and weak, yet notwithstanding he was so weak and low in bodily strength, and consequently deficient in energy of mind and resolution; he had no one to attend on him, to hand him either medicine, or administer to him any common comfort, not even to put him on a fire and keep it up, notwithstanding it rained almost every day while I attended on him. And when it did not positively rain, the atmosphere was very cool for the season, and unusually damp. And almost the whole time he was occupying a small room, much neglected with regard to cleanliness. Himself not very careful as to his sputa, he would deposit a number of these half rotten mouthfuls, in different parts through the house, in the course of the day; and these lying neglected, gave the whole little close place an uncomfortable appearance and atmosphere. This was against his doing well. All these things now named were against him. Then say the least of it, neither himself nor I had a perfectly fair chance—he for his life, and I for the success of my skill.

We will now endeavor to review the treatment of the case as stated in the exhibition given on the foregoing pages, and make such observations as may suggest themselves as probably useful. And as this is the only case I have as yet conducted, of this form



of disease, and on my new plan, I intend to make my deductions as minute as I think will conduce to the benefit of a man in practice.

### OBSERVATIONS ON THE FOREGOING CASE.

This young man having been much reduced and excessively debilitated by his disease, when I first saw him, I premised no cathartic, but gave my diuretic without a purge. I gave the diuretic in small (I think too small) quantity. The spoon we had to measure the doses with was an iron spoon, small and flat, consequently held but little; and my patient had by some means obtained a knowledge of the number of spoonfulls that would constitute a dose, and so was hard to persuade to take more than the prescribed number; and in fact I never could prevail on him peaceably to take more. It seemed like he could not comprehend that a small spoon full was less than a large spoon full; however so, or somehow so, he never took quite as much as I should have been pleased he had taken. This deficiency of quantity will appear, when you notice how long he continued to take the diuretic without becoming nervously affected by it; and in fact he never was strictly under the perfect influence of it. It appears the medicine soon acted on his pulse—this of course through the medium of his nerves, and rather gave evidence of the stimulant effect of the Seneca than the depressing effect of the Digitalis through the nerves on the heart.

From the ninth to the thirteenth day, you will observe how beautifully the diuretic acted on his surface, in reducing his night-sweats, by improving the vigor and healthfulness of his circulatory sys-

tem. In this instance there was one, and an important one of the debilitating and wasting drains of the system closed up; here, in five days an important member of this dreadful disease was removed; one wastegate of this complicated disease closed; his pulse too, you may see in this same short time, is astonishingly improved. From being small, irregular, and even fluttering, has become expansive, regular in its intervals, and comparatively good. In regard to his cough, that too, was sensibly improving. Coughed easy to himself, and brought up freely for the amount of coughing; evincive of a beginning improvement of the pulmonary vessels and apparatus generally. All these advantages were obtained under almost every possible disadvantage. The atmosphere was all the while unusually damp and cool, for this latitude and time of the year. The medicine, for want of needful attendants, a great part of the time, *no doubt*, very imperfectly taken; his diet ordinary—such as is usually eaten by laboring persons; occupying in a damp atmosphere, without fire to dry the room, unless made up by himself; and often his person uncomfortably cool.

Here I will make mention of my own error or errors. Long, very long, have I been accustomed to treat dropsy, without using much of any medicine as aiding my diuretic. I acted culpably so here, believing that my diuretic would probably do every thing in this, as in other forms of dropsy; which after a long while I found it would not do, and that *something* besides the power of that diuretic was demanded. I gradually introduced other additional treatment, one thing after another, (such as they were,) but all late, and never so much, or all, that I ought; and I now think that these helps ought to have come in about the fifth or sixth day—some of

them at least ; and some too, that I never did use. This remissness in me, is attributable only to ignorance, and greater expectations from my diuretic than was possible for it to render. So much I have learned, in conducting this one case, and observing its evolvments, in the course of its progress. I now believe that as soon as it is found that the diuretic has affected the circulation, for we have reason to believe, that when, and as soon as the circulation is changed and improved, the secretions will be changed likewise, and ought to be. Now on the night of the fourth day of medicating, he reported that he "coughed and spit more than usual ;" but the cough was not distressing, and yielded freely and easily. Through the course of the thirteenth, which was the fifth of treatment, he coughed less ; and on the fifteenth, which was the seventh day of treatment, you may see that his purulent expectoration had changed altogether to mucus. Now at farthest, his lungs and system generally ought to have had help. What this help is, positively, has perhaps yet to be found out.

I now believe, that in confirmed cases of pulmonary dropsy, as the case above exhibited was, the practitioner ought, early in the course of treatment, resort to medicine and treatment, calculated to strengthen the lungs and system generally ; I mean as soon as the lungs have ceased to throw off purulent matter. And now, it would be advisable, provided the subject is not too much enfeebled to bear the operation of an emetic, or there does not exist too great liability to hemoptic affection, which might become excited by the convulsions of an emetic, to administer a dose of ipecacuanha. I would advise to give nothing with a view to nauseate in order to determine to the surface, the diuretic freely administered

will fully answer that purpose. At this stage, the treatment should, I think, be as much as possibly it can be made to be, to drive and divert the afflux of the blood from the lungs, and medically and otherwise to brace and strengthen the lungs. To effect the former, a perpetual blister on the chest should be kept up, and irritating and exciting friction over the limbs and along the spine, would be advantageous. And to effect the latter—the bracing and strengthening the lungs—let him inhale the steam or vapor of nitric acid freely and frequently through the day; also, let him drink diluted nitric acid freely during the time he is taking no diuretic. In this state freely used, it proves an excellent promoter of all the secretions, and is calculated to impart healthful vigor to the secretories and excretories. Fully a quart should be drank in the course of the day, in order to act freely on the glands and capillary vessels. My method of preparing the nitric acid is, slightly to acidulate common water. I would confine no person to my adjuvants—I hope other men will suggest better articles—from my experience, *expressed*, it will readily be supposed that in such cases, I should not be capable of recommending much variety. In many of my directions I am guided by common sense.

Some muscular exercise, such as will engage the muscles without hurrying respiration or exciting the circulation, should by all means be had and employed, as soon as the secretions are found to be improving. Exercise, either on horseback or in a carriage, as might be judged best, and in a suitable state of the atmosphere—pure dry air—is doubtless beneficial. Ambulatory exercise must be entirely restrained or very nearly so. So should all things that would tend to hurry the circulation, and pass



the blood too freely through the lungs. These persons after the lungs are well taken possession of by the disease, or in other words, after the vessels of the lungs are fully prepared, and deposit freely into the air-cells, do not inflate the whole body of the lungs, but breath only with a part of them, and it seems the upper part only is used. Consequently they breathe hurriedly, or very frequent; they should be directed to try and inflate the whole body of the lungs. A person may by dint of effort, effect a change of breathing in this respect. They should be told to endeavor to depress the diaphragm and let the ribs remain utterly stationary, not suffering them to be elevated much, and so seem to breathe with the abdomen only. After this mode of breathing is well established, the person will, naturally, breathe more slow without special and constant effort. I will here only say, that quite probably the inhaling tube might be used in these cases, with excellent advantage—at one period of treatment, to induce the patient to fill his lungs, and at subsequent times to be used for the purpose of strengthening the diseased and prostrated organ—as the practitioner might think best.

It may be seen in the morning's report of the 19th, at which time he had been treated only ten days, and badly treated at that, as said before: no nurse to attend him and hand him his medicine at the proper times, his diet unsuitable, his room damp, cool, and often not clean enough. Yet under all these disadvantages, for him to improve as he did, is certainly very remarkable, and more besides, myself the attending physician. All his medical conducting had to come from me, and I utterly inexperienced in such cases, and no well furnished medical shop at my command, out of which I might

supply myself with such articles as I might think worthy of a trial in any emergency, and withal the same as no assistance from horseback exercise or a carriage. And in point of medicine, there was nothing administered besides my diuretic, only for the last two days, he inhaled the steam of nitric acid, and drank the acid in a diluted state. This says much in favor of my diuretic in such cases. To see a pulse reduced in so short a time from a state of such rapidity that the beats could not be counted by reason of frequency, in ten days, to a good healthy number, and that alone by my diuretic, is remarkable. But here alas, my imperfection begins to accuse me. My ignorance and want of knowledge what to apply to the sufferer, in every emergency---a perfect novice in the direction of such a case---the first I ever attempted to cure in this way, without directions either from man or experience. What could I do? I could and did do, what other men long before my time, had to do, and really did do. I bethought myself as well as I could in my situation, and employed such adjuvants as I could command. These I grant were probably not in every instance, the best I could have wished, but such as I could command. It may perhaps by some be esteemed as culpably puerile in me, to take upon me the management of a disease with which I was not better acquainted than now represented. By way of apology, I can only say, if I, or somebody else, do not pursue a new course, we will all still follow the thousands that have gone before, after the poor dying *consumptives*, down to their graves, in the old beaten and insufficient way. In such a case as this, where I can not see clearly, I esteem myself only feeling about for a new and a better way of treating such cases; and if God will permit, try and

find and declare the true nature of this disease, and a sure method of recovery from it. I need not here state again in all its length and breadth that our popular and collegiate treatment will never arrest the disease—it never did.

From the 19th to the 25th, every thing in the main, seemed to do well; only I now think he ought during that time, to have been helped, with potent and suitable remedies, tending to brace his lungs and system generally. 'This I did not then believe, because I did not know; for in my treatment of all other dropsies, I admit no tonics of any kind, unless nitric acid be considered such. This I give sometimes. But my opinion of nitric acid is, that if tonic at all, it is but very slightly so, and has no tendency at all to close the insensible pores of the skin, nor constrict the kidneys, but greatly promotes both, and acts sanatively on the glandular system generally.

From the nature of the condition the system is placed in, by this disease; the tendency of all the fluids of such an one, being directly to vitiation, from bad to worse, until the whole mass is corrupted; this from the nature of the disease—the lungs as elsewhere shown, being a most important organ, in all perfect animals, in fact it is the chief organ to correct and remove feculencies from the blood and impart healthful and invigorating properties to it; and thus the functions of the lungs keep the blood sane. But these, their healthy functions, are now entirely suspended, and hence results this vitiation of the blood and fluids, that now prevails. The lungs are wisely placed, in the most eligible position or part of the human body, endowed with the finest and most appropriate adaptedness, continually and with ease to answer this great purpose of life, both

waking and sleeping. Now the nature of this disease fastened on the lungs, being directly and entirely to disqualify the lungs for performing this indispensable office to the blood and humors, they will necessarily soon begin to become impure, and tend to rottenness even on ; wherefore I think among other medicines, antiseptics are naturally and strongly indicated. I would suggest charcoal besides the fumes of nitric acid and diluted nitric acid, as soon as the sputa have changed from pus to mucus.

My patient went on and passed through different states, from the 15th May to the 9th July. I resorted to several expedients, to rouse his torpid system, but all my efforts were either too weak, too few of them, or altogether wrong. None of our extra treatment rendered any observable advantage. I did not think that I could see any effect at all, from tonics, either on his pulse or general state of langour ! it is true his appetite improved and became good enough. Neither do I believe that his tonics restrained his night sweats any, even elixir vitriol had no effect that way. All the restraint that his colliquative night sweats received, I feel assured, was effected by the diuretic. And further, I feel confident that all his solid improvements were effected by that composition, with very little, if any exception. The *improvements* alluded to, consisted in his pulse and general appearance, interruption of night sweats, &c. His pulse, before he began to take medicine, was so frequent, much of the time, that it could not be counted ; this was reduced down to a healthy number of beats, and besides, his eye and general aspect were much better. It is true, his pulse did not remain at this healthy standard. This I attribute to my want of skill, not knowing well what to give, or what to do in order to repress



the afflux from the lungs, and so co-operate with the diuretic, and gradually, but certainly and ultimately divert the morbid action and impetus of the bloodvessels off the lungs, and bring on natural and healthy action in that structure or organ. So, and so only, is it possible to restrain the pulse permanently in such cases, is my opinion.

The eyes of this young man, when I first saw him, then under the full influence of his disease, had no expression, looked dead and retreating, devoid of meaning, moved slow after objects. These became keen, expressive, lively and firm, full of meaning and quick. There was liveliness about him; the eye of a person is certainly a good index, from which we may with accuracy learn the true condition both of sanity or disease, both of mind and body. His eye became good—that sympathetic fever, which always attends this disease, and is attended with heavy, enfeebling, colliquative sweats before day, in the relaxed state of sleep, was in a manner entirely removed. Now taking what is here stated on the capillary vessels, in union with what is stated above, when reviewing the pulse, it will clearly appear that in such cases as even this was, the diuretic compound has a powerful effect on the whole circulatory system; and if so, it must affect the glandular system likewise. Hence the sputa were changed from pus to mucus. The kidneys secreted clear, instead of high colored fluid. His cough and spitting sensibly improved—for some while at first, both seemed increased, but the cough less laborious, still the expectoration augmented. Now if we take all the changes and the parts that were changed, with the amount of those changes together, we must be convinced that the diuretic effected much, and much that was important, and well cal-

culated in its sanative tendency, to contribute much towards a restoration to health, of a lung under the diseased influence that I esteem dropsy of the lungs to be.

Upon a careful examination of the statements that I made on the foregoing case, both with regard to the diseased affection of some parts, and the general improvement effected on the man, will impress the mind, I think unequivocally, that my treatment, poor as it was, one thing taken with another, affected the disease to its centre. It was undoubtedly long my confirmed opinion, judging from appearances, changes and improvements, that I should certainly recover him to health. But unhappily his case required more and extra treatment besides the diuretic, to meet which I had no adequate resources. But my judgment is, that the diuretic ought to be given in such cases, much more freely than I gave it in this case—and especially the digitalis ought to be given after the pulse has been raised, and become large, full and round, in quantity sufficient to reduce the pulse in frequency, and bring it to a healthy standard, or a little below that. And after the pulse is once well raised and filled, the seneca ought only to be given in such quantities and such intervals as will keep up the pulse—I mean, keep it from sinking too low. These are my views, respecting the use of my diuretic, in old and confirmed cases of pulmonary dropsy. In more recent cases, however, I doubt not, that it would prove sufficient without any extra help, unless inflammatory symptoms should run high; then some antiphlogistics would no doubt be necessary.

Now if my diuretic made such a palpable and evident impression on the diseased state of the system, as appears from the representation given, when

it was very imperfectly received or used, as in this instance it certainly was, the natural inference is: That if the powers combined in that diuretic composition possess such corrective tendencies, in such a state of utter pulmonary derangement and derangement of the system generally, as existed in the case exhibited, consequent on the pulmonary derangement, as is evinced above, with all the imperfection attending its administration, that in that instance did attend; if it were given and used in due quantities and regular times, and other circumstances were propitious, as a dry clean room and bed, body linens clean and duly changed, the diet suitable, and exercise enough, and of proper kind, &c., it would act and do much more than it did, or even could do, in the foregoing case, under existing circumstances. I have not the least doubt at all, that with the diuretic compound, the pulse of such a person may be regulated to the point of satisfaction, made strong and voluminous enough, by the judicious use of the *seneca*, and slow and soft with the *digitalis*; and having brought the circulatory system into such a state as now represented, the cough will be much influenced for the better, and the sputa changed, and the action of the extreme vessels, the capillaries, much regulated; and a time will seem to have come in the management of the disease, that to all appearance, only a little more will seem to be required to accomplish the cure. This *little something* is, however, now the desideratum.

I have no doubt, but feel perfectly confident that some person will find out a treatment and medicine too, that shall meet all the demands of the diseased system, besides what my diuretic will do; and all that is really necessary to accomplish this much desired object is persevering pursuit, on this my new

plan, that is now laid before the medical world and mankind generally. It is utterly useless to waste time or fatigue myself with arguments to establish a fact that is universally known and is utterly incapable of being denied, and has several times been hinted at, in the course of this my little essay. I allude to the fact that all mankind, medical men and all, who allow themselves to think on such things, and myself among them, until quite lately, have thought, and do now think, the disease that is commonly called consumption of the lungs, is a complaint peculiar to itself, and unconnected with, and unlike to any other disease whatever. When I call for my servant Bob, the idea of his size, shape, complexion and all, are instantly fixed on my mind, although I do not see him. So it was and now is, when consumption is announced: instantly that hideous, inexorable man-killer presents to the mind a dolorously constructed thing. Now from time immemorial—as soon, at all events, as men began to seek for medical help in this disease—they sought remedies for a disease that never existed—mistaking the nature of the disease. If I am right at all in my view of that disorder, what I now said is obliged to be a fact; and that accounts readily for the utter and perpetual failure that has so long attended the profession, with regard to that disease. It is absolutely astonishing, laying aside all hypocritic tenderness for a profession that as a whole, I highly venerate—to see men of that profession, of high constitutional endowments—and these good and great native faculties, much brightened and improved by cultivation, sober thinking and long experience, persevere on one track, in one pursuit so long, so patiently and unfalteringly jogging on; the hindmost ones pressing after those that went before them; and all this their



labor and wearisome efforts never did, and humanly speaking never will bring the profession one jot nearer the point of affording relief to the perishing and dying thousands.

I hope I will be excused for having again harped a little upon my old string. It is not my wish to cast any unmerited aspersion or censure on pathologists of the present day, or even any by-gone day. They have indeed evolved much pathological knowledge of the system, under the influence of pulmonary dropsy, and no doubt did what they thought the best they could, to contribute towards the development of that impenetrable mystery that seemed to hang around that disease. But when I get near this view of the disorder in question. I confess I am quite overwhelmed with astonishment, that men should hold on so long, delving in one channel, and yet no one ever found, nor yet is likely ever to find any practical usefulness from it.

Now I will say, but it may be esteemed, with too great a degree of confidence, that I do unhesitatingly and confidently believe pulmonary consumption is pulmonary dropsy. My arguments may be seen elsewhere in this little essay. I further say that I rest perfectly satisfied with regard to that fact: I have said it before, and repeat it here again—I thought as all men now think of consumption, until in the course of writing my treatise on dropsy. There, in the course of endeavoring to obtain a perfect view of the state of the general system, when approaching towards an attack of common dropsy, and then considering also the part of the body that gives way, and the state of its vessels, prepared and ready to form, or become the focus or point of effusion; in looking these things carefully over, I was at once struck, not with a similarity, but positive same-

ness of the state of the general system, as also the exhalents anterior to location, under the full operation of forming our common dropsies, and what I esteem pulmonary dropsy.

All the derangements in the lungs, the condition of the blood vessels of that organ, with their deposits into the air-cells, as found by our pathologists, after death; the condition of the neighboring glands, and in fact the state of the glandular system throughout, as well as all the solids, are all faithfully and profitably represented by pathologists of the present day, I have no doubt. And after all this, and much more than this, is searched out, and the diseased state of things is to have a name, behold! they call it by that most hideous of all names, consumption; and from that time forward light and understanding forsake the fraternity. Well, if that must be the name, let it be so, I shall not contend about the name—the name of a disease is nothing, and will not do to practice by. But a stronger proof of the misapprehension of our knowing ones, about this disease, cannot be thought of than exists in the fact that no adequate and successful treatment has been or possibly ever can be established on the notion that consumption is a disease off from any other. I believe that I cannot well present to my readers, the idea that our profession and in fact all mankind take up when they see one consumptive, unless it is, he must die.

Although these things are so, it is not to be denied that medical men have made great and long efforts to avert the mortality from persons afflicted with pulmonary dropsy. From the earliest period of the cultivation and systematising of the science of medicine, that disorder received its due share of attention. The remedial treatment however, ail-

along, was aimed for a disease that I think never existed, consequently the treatment would prove unsuccessful. But men not discouraged, renewed their efforts, and as would seem, redoubled their zeal, still looking deeper and deeper into the state of the lungs of persons diseased in this way, and raising new expectations about treatment, founded on their new discoveries; but still this new sanative plan of treatment had for its object an imaginary disease; of course it was abortive still; and somehow so, have medical men kept on to the present moment during some thousands of years. Let no one then be astonished, that I esteem the perseverance of men as something quite remarkable. If some semblance of success had ever attended these verbose, yes, voluminous displays, it would be possible to find an apology, something like a palliation. But utter failure, entire insufficiency, having been always the result, makes it truly astonishing.

It seems to me the medical community has run full long enough now, after a phantom, a being without being! Still the pursuit has not been unprofitable: the profession has searched the matter intelligently into both the derangement of the organ that becomes the seat of these affections, as well as into the system generally; and thus much valuable knowledge respecting these points has been elicited—all calculated to lighten up, and shew more clearly the nature of the affection and state of the lungs and of the system throughout: and were I able to delineate a lung clearly and perfectly, in that condition that I esteem under dropsical influence, I do not believe that I could do it as well as I would do it, by transcribing some of the principal features stated by pathological writers, on the state of the lungs, in a case of *consumption*. To believe of

consumption, what I now believe of it, and am trying to get the profession to think of it, it is only necessary to change the name. But as I said above, I care but little for the name; if any one prefers *consumption* rather than *pulmonary dropsy*, let him have consumption, but in practice, let his efforts be against dropsy of the air-cells of the lungs. Let him endeavor to avert the arterial excitement off the lungs, and do his best to restore them to their wonted, but now lost, healthy action. The practice is all that is of importance in this matter; let this be right, if both names be wrong.

I see no good and legitimate cause why the profession should not be willing to change their views respecting the medical treatment of this pulmonary disease. Surely there exists no cause for obstinacy on the ground of their success in pursuing and trying to medicate a thing that does not exist. So far, that nonentity has never one time been overtaken and cured. The fact is, there is a pulmonary disease, and a very serious disease it is; but there is not such a thing, there never was and never will be, as men and our profession too, have thought they saw, in looking after that derangement in the lungs, that the universal consent of mankind has called *consumption*. Oh, the thing is preposterous. Why has no good resulted from these mighty efforts in practice, now in the course of several thousand years? The good time to act faith in our prescribed treatment is past, is gone by; there have been only failures, too long!

I will no doubt be reviled by some for presuming to change the whole, and very strong current of public and medical opinion, respecting this long known, and often inspected and well considered disease. Although censure, and faultfinding, may be the lot



of what I may say and have said respecting this complaint, and which, if it is done, I have no right to complain—I know I gave my opinion fearlessly, as I had a right to do; but I grant, other men have equally a right to their opinion. All this is cheerfully granted; but I think I have a perfect right to be honestly, candidly and fairly dealt with; because what I say, censorious as it may seem, is said in honest candor; and although not learnedly displayed, as many of the present day productions are, it will be hard to condemn and set aside, as futile, all things being considered. Before this could be successfully done, and with becoming plausibility and propriety, it seems to me, it would look well, first to show that consumptions are now generally cured upon the plan of our popular treatment; and not only incipient; but also sturdy, well confirmed cases. Moreover, what may appear in the course of my treatise, as savoring of censure or faultfinding of our learned writers, is often only a mode of bringing facts up strongly before the mind; for doubtless, and nobody can dispute it, there is a great and painful mistake somewhere in this matter. My object, if I know myself, is to excite cool and dispassionate research, among the more knowing ones of our profession; and try to induce them to lay aside that ready joggling after one another. It does not become the profession—the wisest and best men on earth may be in error; therefore let no man believe a thing, merely because a great man, and one that occupies a high niche in the temple of science, has said so. Elihu says, “Great men are not always wise.”

In conclusion, I would most earnestly urge all persons, but most especially such as have reason to think that they are constitutionally, more or less predisposed to pulmonary derangements, to apply for

judicious advice and aid, as soon as they perceive the very first premonitory symptoms or indications of any thing being amiss among their respiratory apparatus; because in this disease, as in all other serious diseases to which man is incident, the early stage, the *forming stage*, is that point, in the diseased state, in which the physician has the best prospect of making successful opposition. To impress the truth of this assertion, no argument is required. Then I would say to all of these unfortunate ones, let not an aversion to its being thought that they may be subjects of that dreaded disease, hold them back one moment. Holding back from applying for counsel, and a little medicine, it may be, will not prevent the disease from forming, and may prevent help, at the easiest, if not surest period of the disease. And now for the encouragement of those afflicted with pulmonary disease, no matter whether you call it consumption of the lungs or dropsy of the lungs, (the disorder is the same,) I will venture to assert, that if the medical men will generally take what I have said of that disease, for the true pathology of it, and direct their energies to that point, it will not be long till the sting and dread of that disease, shall be found entirely extracted and removed. And then persons who become consumptive may entertain as well grounded hope of recovery from that disease, as they now may from any other constitutional and serious complaint whatever.

I am anxious to have the treatment of pulmonary dropsy changed; to get the name changed, I would not give five cents; notwithstanding I am certain that the disease that is fastened on the lungs, in these cases, is introduced with the same symptoms, and has the vessels belonging to that organ, at the commencement and during the progress of that disease,

in the same state that the vessels of other parts of the body are in, when dropsy is formed in other parts. As regards the name, that amounts to nothing, only that a person had as well always be right as wrong.

### DESULTORY OBSERVATIONS.

In my treatise, I often refer to a *course* of medicine, and taking one *course*, &c. When the word *course* is used any where or any way, I desire to be understood as meaning the time that a person can or ought to take my diuretic, at any one time of taking it. Say the first *course* usually continues two, two and a half or three days; then the nerves will indicate a suspension (see note 7th). This time that a person can bear taking the medicine, is called a *course*.

In the course of treating between four and five hundred dropsical persons, I remember meeting with only two cases, that were evidently encysted. They were both females, and ovarian cases.

The usual and natural pass for the water is by the kidneys; but I have known it repeatedly run off by the bowels—one case by diuresis, one by the salivary glands—still all obtained abiding cures. The accumulated water of another patient was removed without any emunctory being sensibly excited; and yet the person obtained abiding health, in about six weeks.

It is usual for dropsical persons to be constipated in the bowels, while in that state. The diuretic almost invariably removes this, and during its use, persons will not be troubled in that way.

It is always the fact, that the kidneys act more freely in the night, during sleep, than in day time—

probably owing to the greater relaxation of the system, in sleep.

In anasarcaous cases, of great distention of fibres, if the water is suddenly withdrawn, as may happen, without due caution, the limbs will become in a manner insupportably irksome. In such cases they must be tightly bandaged. In cases of ascites, if the water is suddenly withdrawn, whether by tapping or diuresis, and irksomeness becomes troublesome, the abdomen must be laced tight.

If all is conducted well, and the system in suitable plight for the diuretic to take effect, a person may become cured in two to three weeks, but often four, and even sometimes longer than that.

My diuretic is preferable to any article, or composition used in the cure of dropsy, that I know any thing of. If much is administered, its diuretic effect will be in proportion great; if little is given, the effect will be proportionably less. This property qualifies it, specially, to be adapted to the strength of the patient. And besides, it has the happy properties of correcting and restoring to healthy action, the absorbents, the secretories and excretories, together with the glandular structure throughout.

I have kept by me, both the articles of my diuretic, in a state of tea, more than one month, bottled, and then used it. I was not sensible of any diminution of efficacy.

I have very often blistered over the abdomen, when in its enlarged state, and never saw the slightest tendency to sphacelus, gangrene or mortification. I have also tapped a considerable number, in a greatly distended state, and never in one instance have I seen any ill effect from it, in any way.

It would seem scarcely necessary to give particular injunction to judicious men, to be certain to gra-



duate the diuretic to the capacity of the recipient; but there is an unintelligible torpidity of sensorial power, attending some very feeble persons, which prevents them being as soon affected by the diuretic, as others are, who are much stouter persons.

After a person is dismissed as cured, he should be strictly enjoined to take a full dose of cream of tartar and jalap, every ten or twelve days, three or four times.

I have long observed that common dropsies attend some families more than others, as though there existed in certain lineages a more suitable conformation of parts, for the formation of that disease, than in others. Also some localities are more prolific in that disease than others—not graduated by their healthiness or unhealthiness; but whether owing to the elevation or depression of the ground, or the water used by the families, or something else, I have not been able to learn.

When in my directions I name a *table spoonful*, I wish to be understood intending half an ounce, and to contain that, requires a tolerably large spoon.

To make what I call *Cook's Pills*, in my directions, you will pulverise and well mix, equal weights of rhubarb, aloes and calomel; form a mass, and make ordinary sized pills.

When I direct *turpentine and oil* to be taken, I refer to the following state of amalgamation:—Put into a tumbler or tea cup, about one table-spoonful of the white of an egg, add to that a common tea-spoonful spirit of turpentine and from one to three table-spoonfuls of castor oil, then stir all three well together with a tea-spoon, so that neither egg, oil or turpentine can be seen separately, then add to that mass a table-spoonful of spirits, (or if preferred spirits and water,) then stir all a very little, and let it

be swallowed down. May eat and drink all day, as usual. I think I know nothing that will act as sanatively on diseased and engorged livers, and viscera generally, as this.

Persons who are apoplectically constructed—of rather full habit, low stature, large and flat head, thick short neck and florid complexion, are surely at all times, and in all states, liable to be struck; either with apoplexy or palsy; but with due care, even such may live out their full time. The care which such ought to take, consists in good part, in the following observances: They should be careful in eating and drinking; never eat to perfect satiety, and be guarded against eating only the most nourishing diet; the suppers ought to be very light, and such had better always sup early; and not lie down soon after supper; and when in bed, have the head well raised; ought to be very attentive to the state of their bowels, and keep them quite active. If medicine is necessary to effect this, saline articles should be preferred. Active exercise is good. Excessively heating the blood, should by all means be avoided; sudden emotions, whether of joy or grief, are hurtful; spirituous potations are most dangerous. More might be added, but a careful observance of what has been said, will assist one to avoid a premature grave.

## NOTES.

NOTE 1st, page 40. The practice of medicine has undergone a great change from the time I first entered the practice and now. Formerly we thought it necessary to open and duly emulge the liver, as a first effort in trying to restore health to a person suffering under bilious fever. In the present practice in that disease, I believe the state of the liver, with many practitioners at least, is very much left out of view. Some cases of dropsy would, no doubt, be prevented taking place, by giving more attention to the condition of that viscus in the course, and at the termination of treatment in bilious fever.

NOTE 2d, page 42. A majority of my patients that I have treated for dropsy in the last twenty odd years, having been previously treated by their "family physicians," have been often purged, and most drastically too, and not a few of them heavily salivated and otherwise unavailingly worried with debilitating medical treatment. And so circumstanced, and previously dealt with, it has been my lot to receive a number of first rate weak patients, that could not bear the debilitating operation of an active cathartic. All such cases have to be treated without premising a cathartic, and must be entered upon at once with my diuretic treatment, just as that is recommended and directed to be given when a cathartic has been premised—only that in one of these cases, you begin the diuretic treatment early in the morning, say at six o'clock.

NOTE 3d, p. 42. In weak and delicate habits, I prefer combining epsom salts and calcined magnesia, or cream of tartar and calcined magnesia, as acting more mildly, but equally as effectually as a hydragogue. I *much* prefer in all cases, when the subject can bear the treatment, to commence with an active cathartic. I think it has a tendency to excite the absorbents into action, and besides exerts a beneficial influence on the general vascular system. There is perhaps always more or less inflammatory excitement prevailing in the vascular system of some internal structure of all dropsical persons. I wish it understood, now here, for always, that when I direct two articles to be given jointly to make one dose, that it is my wish, to put together *fully* one half dose of each article named.

NOTE 4th, p. 42. If I believe my case is calculated to give me trouble, I always begin to administer my diuretic an hour or two before the cathartic is done operating; this will have a tendency to continue the alvine action, and throw the serum *much* into that channel as one of its natural emunctories. The diuretic tendency of my composition will, in such cases, usually succeed in a few days, to change the current of its impetus to the kidneys. Cases are likely to be *troublesome* that are attended with more evidence of inflammation than is common in cases of anasarca; erysipelatous affections of the lower limbs, or a sphacilous ulcer or ulcers on them. Unusually much scrotal enlargement, and other such like irregularities, induce me thus to hurry cases and get the vessels and various fibres reduced from their now over-distended state, into a natural and more healthy one. On such reduction, the inflammation will subside, and foul ulcers usually heal, without much, if any, special medical attention.



NOTE 5th, p. 42. These two articles are taken undiluted with any thing, and are said to be less unpleasant to be taken cold than warm. The mouth, however, in every instance, after taking the article seneca, had better be rinsed with a little water, and some sour fruit, or for want of that, vinegar passed through the mouth, to remove the unpleasantness of the taste, and so preserve the stomach from becoming offended with the taste of that article.

NOTE 6th, p. 42. If the patient is thought to be in imminent danger, on account of which, there seems a propriety in hastening the medicine on him, and withal, that he can get no rest and sleep, as he now is, provided even he takes no medicine, I would advise, under these circumstances to administer the diuretic at night. It will be equally as efficacious administered at night as in day time. But night rest and sleep especially, ought never to be interrupted, unless for very urgent reasons. Rest and sleep are relaxants, and relaxation in dropsical treatment, is paramount even to nocturnal medication.

NOTE 7th, p. 43. It is nearly always so, that on the third day—but sometimes on the second—the administration of the diuretic medicine has to be suspended. From the nature and the effect of the digitalis on the nerves of the human body, this becomes necessary, as also, that the diuretic effect of the composition is such, in most cases, that it becomes prudent to withhold the agent of excess, from running the patient down too suddenly and so debilitating him more than is necessary. Among the nervous symptoms induced by the medicine, are these: dizziness of the head—a peculiar pain of the head—impaired vision—smoky and often meaty vision—a sense of lassitude, inducing a wish to remain quiet, &c. These, or some of these symptoms

will take place, when enough or more than enough of the diuretic medicine has been taken. These occurrences, however, need alarm no one; in a day or two or three at most, all this will be gone off. If, however, it should exist in considerable excess, or is accompanied with too great slowness of pulse, it will be advisable to give the patient any suitable stimulus—alcoholic of course. Alcohol is the proper antidote, and should be given until the pulse fills, and increases in frequency. The same stimulating treatment will be beneficial where a patient sinks uncomfortably much, in consequence of the water running off too fast, or sinks under the operation of tapping. It is necessary in all such cases to suspend the administration of the diuretic, until all unusual symptoms have subsided and the patient feels somewhat recovered. This generally will occupy from one to three days. But if neither of the now named two causes, for suspending the taking of the diuretic, should take place, and this sometimes happens to be the case, the medicine is still given on in quantities, as last stated, and at the same intervals, until the nerves give way, as stated in this note; then desist. I have twice given it, within my recollection, to dropsical patients, day by day, for one entire week. Feeble constitutions will bear it longer than strong ones.

NOTE 8th, p. 43. After my patient has been once well filled throughout his system, with my diuretic compound, I always try afterwards to administer it in such quantities per dose and length of interval between doses as I think will best suit the condition, strength and idiosyncrasy of my patient. The stomach of one may be very irritable, consequently easy to nauseate; the kidneys of another may be more than usually excitable, &c., to such

I prescribe small doses, and at long intervals, (two hours often.) Others, whose fibres are more torpid and consequently not so sensitive, may often take the diuretic through the whole course of their treatment or nearly so, in full doses, and usual intervals. But it is indispensably necessary to watch well, both kinds of patients, and as soon as either gives indication of fullness of medicine, (see note 7th,) discontinue the diuretic. After a person is once well filled with the properties of my diuretic, I perhaps, never again give it a whole day, to more than one out of twenty patients. And by design, I give what I give in the latter part of the day, because relaxation is friendly to secretion. My diuretic is anti-spasmodic and relaxant. Sleep also is a great relaxant. Then the two powers co-operating, the effect will be greater than that of either alone.

NOTE 9th, p. 43. The water and swelling being removed, never constitutes a cure of dropsy. And now, once for always, I will point out how it happens, as I think, that my composition exerts such a superior medical influence in dropsical cases, above and beyond what any other known treatment does; it is briefly this: the digitalis of my compound controls and lowers the action of the heart and circulatory vessels, an excess of the action of which always exists, whenever, and wherever dropsical effusion takes place. This action of the circulatory vessels is caused by disease, and acts locally rather than generally, on the dropsical subject, and in its character is sthenic. My meaning is, that this excess of arterial action, is only displayed by the vessels of the cavity or structure that becomes and is the seat of the effusion. Now this excess is repressed by the peculiar and known medical properties of the digitalis of my compound.

And in treating a case of dropsy, that article ought to be so regulated as to effect that purpose or intention, and not allowed to do any more; and this article, co-operating with the seneca of my compound, the two articles, together, exert a powerful influence on the secretions throughout the system, and open and propel to action, the insensible pores, and also excite lively and ready action through all the absorbents, and so do all that seems capable or even needful to be done by medicine, to remove the unduly prepared fluid (the serum) from wheresoever it may be deposited. While this is thus going on the seneca contained in the larger portion of my composition, being a heating, stimulating sudorific, and eminently calculated, by its peculiar medical properties, to excite the capillaries, it will divert the morbid afflux, which is now tending to a certain part or structure from that channel, and throw it to the surface, and by exciting the torpid capillaries break open the long closed insensible pores and excite them to action, by its decided and well known influence over the vascular system. And thus too it is, that *this article* equalizes again the general circulation, which, by disease had been *much* deranged. These, or something like these, are my views as to the *modus operandi* of my diuretic.

NOTE 10th, p. 44. I have cured a considerable number, who remained perfectly well too, afterwards, without using mercurials of any kind in their cases. It would seem, however, best to use mercurials in cases where there exists strong reason to believe the liver, spleen, or other internal structure was much diseased.

NOTE 11th, p. 44. The old practice of administering tonics, either in the course of treating dropsical cases or after the water was removed, is falla-



cious. The practice has, indeed, got great antiquity in its favor, but was originally founded in a mistaken notion of the pathology of dropsy. Our early writers attributed dropsy to universal debility of the subject. Then, and upon that supposition, the practice was natural enough, or at any rate would seem plausible, viz: setting to remove the water, and as a portion is removed, to supply tone to that part, so that a recurrence of the swelling might be prevented. Then, after tonics had been administered in due quantity, and a sufficient length of time, begin the hydragogue treatment again, &c., until the subject should be perfectly emptied of his watery swelling, by the use of some hydragogue medicine. And then, as a good finish, tone up the system as effectually as may be done, to confirm and establish the cure. Such, or something very much like it, is the old practice in dropsies, and I believe is not very much departed from at the present day. Now, in all perfectly established and confirmed dropsies, there are parts of the body that are already too rigid and tense; and they are important parts, too, viz: the surface and kidneys. To effect a cure, these parts must be relaxed—insensible perspiration established, which cannot go on in this rigid state of the general surface; and the surface is an important outlet, or emunctory. The kidneys too, are tense and constricted, and thereby incapacitated to perform their office, in usual and due quantity. Relaxation of the kidneys, too, is needful. Now, say both the surface and kidneys have undergone this required process of relaxation, and are duly relaxed, and now act freely as emunctories of the blood, as they were intended to be. While this is their state, viz: duly relaxed, each one will perform its accustomed functions, and the condition and health of

the body will be pleasant and good ; the feculent portions of the blood are carried off, and all does well. But let us consider such a person as he now really is : all the system throughout relaxed, and by necessary treatment somewhat enfeebled and weak, consequently very impressible by tonic medicine. Give that class of medicine now, to one in this state, and you will certainly bring back the former condition of these parts, to-wit, on the surface and kidneys, and so suspend the purifying influences on the blood and other humors of the system ; and, say the least of it, pave the way for a relapse.

NOTE 12th, p. 48. It is very important that a practitioner should well ascertain the true nature of an abdominal enlargement, before he enters on treatment. Cases of the kind have often misled unwary medical men ; and it may be sometimes to the injury of the patient. Pregnancy, accompanied with edema of the lower limbs, has been mistaken for ascites, and treated for sometime as such. Other cases, arising from long continued low inflammation of the peritoneum, and of the abdominal viscera, often form cohesions of the viscera and peritoneum. These cohesions are sometimes more extensive, and in other cases more partial ; but as far as they go, they will impart firmness to the part cohering. I feel authorized to say to practitioners, *be wary* wherever you find a case in which the abdomen feels considerably firm. There will be certainly difficulty, and that, perhaps, insuperable. Mercurials, conjoined with my diuretic, will, in such cases, promise the most success. Some enlarged abdomens will feel even *hard* on pressure. An obstructed and enlarged liver will also present perfect firmness to the feel. But here the different

lobes may be felt, and often spaces may be traced between the indurated and enlarged lobes. Long continued and slight chronic peritoneal inflammation often produces a thickening of that part of the peritoneum which lines the cavity of the abdomen, and enlarges or thickens the cellular substance exterior to it. Such cases feel livery and firm on moderate pressure. A person cannot readily get hold of the integuments with the thumb and finger, but by strong pressure it can readily be pressed down towards the spine. All these, and other cases, more or less like these, are certain to be attended with strong abdominal pulsation, very observable when the person lies on his back. No doubt, however, all abdominal dropsies originate from some diseased affection of a viscus or structure contained within that cavity, which will be attended with more or less inflammation.

NOTE 13th, p. 48. I have generally found derangements of the abdominal viscera more difficult to correct and restore to soundness, when they induce ascites, than when derangements among the viscera terminate in anasarca or hydrothorax. Often, in this affection, when the watery accumulation has considerably yielded to the diuretic treatment, and the patient might be expected to be getting better, there will be observed a more inflammatory pulse and general state of the system to spring up, the apparent condition of the patient will seem much less promising than before treatment. Now I endeavor to find out the cause of this reserve and prepare to remove it. The cause of this change will always be found to be a diseased viscus or structure, becoming seized with more than former inflammatory activity. This inflammatory action, is located either upon the peritoneum generally, or some portion of it only. Often it will be found up-

on the diaphragm, along the termination of the ribs. The liver too is often found scirrhus, and liable to increased arterial excitement. But wherever the inflammatory nucleus may be located, the affected part, having now become somewhat divested of its diseased covering of impurity, the impetus of the blood upon the newly denuded seat of the disease, will be attended with increased sensibility, or it may be even pain. At any rate, there will now be an increase of vascular excitement in the affected portion, and often in the system generally. These things require special treatment, antiphlogistic of course. If the patient can bear it, he might be bled, but I always administer active, cooling cathartics. Often I blister over the painful part or sometimes I put setons into the most eligible place, where there is much fixed pain. I am not much in favor of cupping over the abdomen in these cases. Whether blisters or setons are preferred, they should be kept running long, if the person is too weak. While the foregoing extra treatment is going on, the diuretic must not be suspended, unless the pulse is large and full. In that case the pulse had best be brought down first.

NOTE 14th, p. 49. The *primæ viæ* of dropsical persons, are often so loaded with impurities, and undigested mucous matter, that they very much loathe medicine and soon become incapable of swallowing the diuretic. The stomach especially is greatly in fault. To save persons in this respect all I can, I direct them to rinse the mouth with common fresh water after swallowing a dose of the diuretic, and especially after swallowing the seneca, and immediately after rinsing to pass some acid through the mouth. It seems a long time to a dropsical person, to be compelled daily to take an



unpleasant medicine, and it is so too, but cannot be avoided, and the person do well. When one nauseates my diuretic too much, and begins to feel as if he could not possibly take it any longer, I give such an one a dose of Ipecac. and cause him to evacuate the stomach. After having done so, he will bear the diuretic very well. This nausea, I think is more liable to attend persons under the form of ascites, than any one of the other forms.

NOTE 15th, p. 49. In the management of the abdominal cases, I always find my greatest difficulties. Besides correcting and regulating the visceral derangements noticed in note 13th, there are various other states of the system evolved in the course of treatment, that have to be met with *special* treatment. For instance, it not unfrequently happens in dropsical persons, that the renal organs are deranged, and therefore do not secrete well; in such cases it matters not how much diuretic medicine is administered, the kidneys will remain inactive. Wherefore, in such cases, I give my diuretic as frequently and freely as the person's nerves will bear, and depend on getting the water out of my patient, by administering hydragogue cathartics. Sometimes too in these cases of organic renal derangement, I give a large dose of calomel, say twenty grains, in the evening, and next morning run it off with a dose of salts. After this, I give a hydragogue cathartic, every third or fourth day, and diuretics in the intervals, as freely and constantly as the system can bear it with tolerable comfort. Thus I go on, and by the time the water is all gotten out of my subject, the vascular system with its capillaries, will usually be set to vigorous action, and the health will be equally as permanent and good as if the diuretic had acted on the kidneys

diuretically. Getting a patient cured in this way will take longer time, (usually between three and six weeks) than when the medicine acts copiously on the kidneys, but a final and permanent cure is no less certain. Other cases will present themselves in which the arterial system is under too high inflammatory excitement, for the diuretic to act diuretically. In such cases it is necessary to reduce the inflammatory action of the system perfectly and obtain a soft or even a *flat* pulse. Much of this needful reduction of the circulatory system may, and had better be effected with the lancet, aided, however, with cooling hydragogue cathartics, and blistering over the painful part of the abdomen; or if there is no pain, over the hepatic region. After the system is thus regulated, and the excessive arterial action subdued, the diuretic will generally act kindly and beneficially on the urinary organs.

NOTE 16th, p. 49. Abdominal dropsies always taking place in consequence of visceral derangement, and this derangement almost in every instance becoming more apparent, (see note 13) and the disease, whether functional or organic, more pungent at some period in the course of treatment, are common occurrences, and need alarm neither patient nor physician. This febrile excitement will, by the management recommended, in the foregoing note, usually be subdued in a few days; then all will go on well.

NOTE 17th, p. 57. I feel it my duty here to advise practitioners, in all cases of thoracic difficulties, attended with much sensible beating and labor of the heart, especially when these things are attended with difficulty of breathing, on trifling motion or exertion, to suspect an inception of dropsy of the chest. Often I know these early indications

are neglected, or little attention paid to them, or are even attributed to something else, until the disease has grown into its almost insuperable strength. There attends in the advanced stage of hydrothorax in every instance, I believe, a remarkable expression of anxiety in the countenance. The bowels in this form of dropsy, are inclined to be irregular, but generally too constipated.

NOTE 18th, p. 58. One, and indeed the principal object in prescribing the cathartic, is, to excite the absorbents and cause them to take up the deposited fluid and throw it into the circulating mass, thus to be passed through the kidneys, by them to be separated from the blood and passed off. But I would have it distinctly understood here, and once for always, and in all forms of dropsy, that a cathartic is not indispensable to the effecting of a cure. Only in some few unnatural cases of ascites, in which the kidneys cannot be gotten to act freely, as I can testify that I have cured many to whom I never administered a cathartic. Also my method is generally, to give mercury in some form, till I excite slight mercurial action in the system. To do so, I have no doubt is best, and especially where the liver has partaken much in the visceral derangement. But this even is not indispensable. The diuretic alone will do wonders in all these derangements.

NOTE 19th, p. 58. It may be observed throughout my directions about administering my diuretic, that as much as possible I avoid imposing it on an empty stomach. My reason for doing so is, that the article of seneca is, upon the whole, an unpleasant beverage, and as it has to be taken often in the course of fully treating a case of dropsy through, I think it important to preserve the tone and

strength of that organ, as much as circumstances will allow. Therefore, as a stomach somewhat braced by food is in a better condition to receive and retain an unpleasant article, I avoid as much as consistent, forcing it on an empty and consequently weak stomach. And as I have nowhere mentioned the fact before, I will now here state, that I believe it will matter not at all, in respect to the efficiency of the diuretic, as such, when it is taken, with regard to dieting, whether just before meal or just after meal, or if one would prefer it between the beginning and end of a meal. It is all matter of indifference. I always wish my patients to eat freely, of any usual nourishing diet, which they know will not disagree with them, while taking my treatment, unless forbid by too strong inflammation. Drinking cold or fresh spring water, is also perfectly allowed, and in quantity at option. I frequently encourage my patients to drink fresh water freely, in the time of taking the diuretic. Cold water is sedative, and consequently acts medically in such cases.

NOTE 20th, p. 58. When all goes on and does well until the third day or whatever other day the optic nerves give evidence of being affected, the physician will have to desist giving the diuretic, in consequence always of the effect of the digitalis upon the nerves, and probably through the medium of the nerves, too great sedation is sometimes effected by it, on the sanguiferous system. \* This requires also to be duly guarded, in managing cases of dropsy. (See note 7th.)

NOTE 21st, p. 59. My medicine is undoubtedly a very potent diuretic, and in all cases when correctly weighed and properly prepared and rightly administered, will effect as much, in that way as perhaps any medical composition of that class,



now in use among medical men. There are notwithstanding, cases of dropsy in which it will however, not act diuretically at all. It is known among medical men that when the system generally, and the surface in particular, is in a state and condition unfit for perspiration, that then the action of the kidneys is equally suspended. I think I have shown in its proper place that when the system is under the influence of dropsical diathesis, that the general surface is at that time, under universal constriction, and so will be the kidneys. As a proof of this, there now is always present, paucity of renal secretion. Although a difficulty of getting the kidneys to act freely will be experienced, in the management of many cases of ascites; yet in cases of hydrothorax, I have never known it to fail one time, of acting freely as a diuretic; and in many instances, it was necessary, in consequence of an excess in that way, to withhold the administration of the composition for some time, until the flux would somewhat abate. To run off the water suddenly, (suppose it could be done,) and then desist giving the diuretic compound, would, I believe, not effect a permanent cure. It is my opinion that the said compound must be given two or three weeks at least, in order to open and remove all the vascular and glandular obstructions, and give a nocturnal determination to the circulating fluid, besides removing the water.

NOTE 22d, p. 88. In the course of managing a few cases of Epilepsy, I formed the opinion that epileptics ought to be kept more constantly full of the diuretic, than what is required in the treatment of ordinary hydropics. This is intended to apply only for some time at first, say two or three weeks. An increase of urine, in these cases, is not to be ex-

pected. The urine will indeed become more perfectly clear. The quantity of serum usually deposited upon the brain in these cases is small, hardly ever exceeding a few ounces.

NOTE 23d, p. 88. Such persons as are afflicted with epilepsy, from water in the head, and have now been under heavy treatment, for the space of from ten days to four weeks, differing in length of time, I believe, according to the degree of intensity or gentleness with which the person was medicated. If the person is epileptic from having water in the head, he will now begin to lose his little stock of intellect and presently will become strangely deprived of his recollection of past occurrences. His appearance is mild and pleasant, utterly harmless, and what may properly be styled, in a state of child-like simplicity. Judging from appearances, he feels pleasant. In attempts at conversation, he is unable to form one idea, but is by no means unhappy. These persons are doubtless insensible of their peculiar situation. This state of mind will continue with such an one, two to three days usually. And when it leaves him, his mind will return to him in a much greater degree of perfection than he had enjoyed previous to his becoming bereft. Persons getting into this state, evince to the practitioner, that they will benefit by his treatment, and that he is not laboring in vain. Spirits of any kind, now used, will enable such an one sooner to recover his right mind again. Evidently persons get into this state of mental bereavement on account of the diseased pressure being removed off the brain, for which reason, if this mental imbecility does not take place, after two or three weeks, heavy treatment, I would advise to dismiss the patient, as in all probability not being a case of epilepsy from water in the head.

## RECIPES.

## CORROBORANT POWDER.

I have long and often used a composition of medical articles, in combination, to which I gave the name of Corroborant Powder; its effect in my hands has been unusually happy. This composition, in something like the subjoined formula, has been my refuge in a class of diseases that largely abound in this southern latitude, inducing debility, both general and local.

I have prescribed and had this composition administered with quite satisfactory results during all my medical life in Georgia, now forty-five years, in old cases of chronic inactivity of liver, stomach or intestines; and also where all these viscera were deficient in activity, inducing languor of the heart and arterial system universally, and thus establishing diseased torpor throughout the capillary vessels. Hence pallor and coolness of surface, and shrunken features, with all the train of diseased affection, evincive of loss of health and due vital energy. All these evidences of deranged health, that composition has removed, and restored the subjects to sound health. This derangement of health the populace formerly termed *cholic*, but now is universally known by the "fashionable" appellation of *dyspepsia*.

Dyspepsia, or a want of due efficiency in the digestive apparatus, is usually all that such persons are sensible of, as constituting their disorder. They will feel full at the stomach, as if they had already



eaten too much, when really they have not eaten half enough to support the system in a state of activity. Costiveness, or great irregularity of the bowels always attends. Often great and very distressing sourness of stomach accompanies this state of things; flatulent bowels are usually present, &c.

I have also found the Corroborant Powder an excellent article, and one that I do not now remember ever to have known fail, in female cases, either of excess or deficiency of the catamenial flux. When that flux exists in excess, either from general or local debility, not affording the vessels particularly concerned, due tone to close when the required deduction has been effected; this composition then will act with great certainty, and afford tone and general energy to the whole system, and to the vessels of the sexual organs also; and when that needful drain is deficient, or altogether absent, from want of due momentum and volume of the blood, and absence of general tone and vigor of the system, that tonic compound is most excellently calculated to supply both warm and healthy blood in due quantity and vigor and health to the general system, and so the diseased order of things with such an one will be again healthfully and happily established. This medicine is also a great adjuvant to other and occasional treatment in cases of weak young females, of phlegmatic habits, who are usually slow; and often difficulted to assume or enter into their necessary periodical habits.

It must occur to all men skilled in medicine, that the articles constituting this composition must produce an active and valuable compound, fit to be used in all cases of debility, attended with considerable torpor of liver, and consequently dullness and constipation of bowels.



## THE CORROBORANT POWDER

Consists of the following articles and proportions. One ounce Peruvian bark, (but for want of that take columbo the same weight.) From an ounce to an ounce and a half rust of iron prepared as found in medical shops; (pale persons, of slow flat pulse require more iron than more sanguine persons.)

From half an ounce to a whole ounce gum guaiacum pulverised. (When I make up a composition for a male, I use about half an ounce, when for a female, usually an ounce.)

From one to two drachms best aloes, also powdered. (Add of aloes more or less according to the state of the bowels, with respect to solubility.)

From a half to a whole drachm of powdered cloves. (More of this must be added when much iron enters the composition, and less where but little iron is used. If cloves cannot conveniently be had, ground or powdered ginger will answer.)

Let all these articles be well mixed together in a dry mortar, or some other suitable vessel, by freely rubbing all among one another. Then put all the powder into a bottle, or other large vessel, and add thereto a quart of sour wine, but for want of suitable wine, any kind of ardent spirits will answer equally as well—in this case, you will add to the powder in the bottle, a quart of any kind of spirits, and a gill of strong pure tasted vinegar. In two or three hours, being occasionally well shook, the medicine will be ready for use.

One table spoon full usually is enough for a dose. The vessel containing the medicine must be well shook immediately before pouring out a dose, and

had best be taken in about three table spoon fulls of hoarhound tea, cold ; but this kind of tea may be dispensed with, if not convenient to be obtained, and the medicine may be taken in any other way, even without any menstruum as a vehicle. The dose ought always to be large enough to act slightly on the bowels, and if one spoon full will not thus move the bowels, more must be given at a time, but if the medicine is too active, give less. It is given only once a day, and that ought to be fifteen or twenty minutes before breakfast. The bottle or vessel containing the medicine must be kept well stopped.

After taking this medicine eight or ten days regularly, day by day, the person had best continue it afterwards irregularly. I mean, let him omit taking it one or two days every four or five days, then take it again, &c., until either all is taken, or he feels well enough.

In a few instances it was necessary to prepare a second portion for the same person, before full restoration of health was obtained.

I prefer to premise an emetic in dyspeptic cases, if nothing exists with my patient to forbid it. When I think the liver is much implicated in producing the derangement of health, I have prepared a cathartic of turpentine and oil, mixed in the white of an egg, prepared as recommended for the liver, in dropsical cases, which see.

The person while taking this medicine, is allowed to eat and drink as is customary with him, and exercise as usual.

Besides the variation I gave when I named the articles of this composition, I often make others, to accomodate the medical agents to the symptoms and state of my patient.

I will now only add in conclusion : That in cases of dyspepsia of long standing, and great derangement, in which of course the cuticular vessels and capillaries had been long too inactive to perform their functions well, there will be found a thickened, dry and harsh feeling skin and general surface. This I have seen in an astonishing degree—many parts of the surface having a scaly crust superadded—very feeble pulse, and the surface universally too cool, and the flesh wasted. My confirmed opinion of such a case is, that seneca snakeroot is the very best excitant of the materia medica, to arouse the action of the heart and vital energies generally, and ought to be given without intermission, until the surface casts off that dead branny coat, and perspiration takes place.

### HIVES.

A disorder affecting infants from the birth, designated popularly by the name of *hives*, consists of a slight febrile affection, to which infants perhaps only are subject. The disorder is best known by that name among the people, and it is mainly for the people I add these receipts.

Children under the influence of the circumstances producing the hives, are unusually fretful, and disposed to cry a great deal, as would seem without any cause, and often are quite incapable of being pacified by any effort. They are most apt to be costive, sometimes however otherwise, but certainly never of healthy alvine evacuation. Their naps of sleep are short, and in their sleep are certain to exhibit convulsive twitchings of the limbs, and frownings in the face. If they sleep any while, their skin may be observed to have become pied, and will exhibit irregular patches of bloodless white, and

other parts high colored red, bordering on purple. In more highly aggravated cases, children have been thrown into convulsions, and these not unfrequently end in death.

Let any one take the best view of such cases, and they will be found to be very troublesome to the parents, and mighty harassing, because they do not know what may be the end of it. The child seems to suffer greatly, from the circumstance of its incessant crying, although no cause can be discovered, even after repeated and careful search having been made. Suspense is painful.

I am happy to be able to say to all parents whose lot it is to be afflicted with an unhealthy child, as now in part described, that they may soon and entirely exonerate themselves of the distress of hearing their tender offspring incessantly cry, and writhe and contort every muscle in them, and obviously from feeling pain. All this now promised may be effected, by merely preparing and administering the following compound:

Take flour of sulphur, a heaping tea spoon full, and a heaping tea spoon full of cream of tartar.

Mix the said two articles perfectly well, in two table spoon fulls of honey, so as that all has the appearance of being one uncompounded mass.

Of this give to a child from a half to a whole tea spoon full, according to age, once a day, omitting no day. The medicine ought to be given in quantity sufficient to move the child's bowels very gently. One such portion usually will produce a clear skin, and subdue all difficulty with the child, and from an incessant crier, will convert it into a first rate quiet pleasant domestic article. It will henceforth nurse, sleep and play, like other healthy children.



From what I have seen in the course of many years' practice among human afflictions, I am fully convinced that this derangement of health among children, that I in part pointed out the appearance of above, as displayed and seen upon the surface of infants, does not unfrequently fall upon, and attack the bowels of children, with diarrhœa. This I think but rarely happens at a very early age of an infant's life, but more generally between ten months and two years old. I have however seen it take place earlier in life, and would say, if a child that has been afflicted as above stated, obtains a uniform clear skin on being taken with diarrhœa, there is good reason to suspect that this translation has taken place.

This vicarious diarrhœa, I may say, I have uniformly found entirely uncontrollable, by the most powerful tonic and astringent treatment, aided with anodines. These little victims of a sinful world, are usually worn down into the arms of death, emaciated, moving skeletons, objects of pity.

After I obtained the above recipe, and believing as I did, respecting the nature and cause of this diarrhœa, I advised that compound, and presently the flux ceased, the flesh returned, and health was restored. This result I have now observed in many instances.

#### TO PURIFY AND CORRECT FOUL BLOOD.

Take bark of the prickly ash stalk, and make tea of it. A tea cup full of this tea should be drank three or four times a day. The tea must be made only moderately strong—it may be prepared with milk and sugar, and used at meals as coffee.

This tea is certainly very beneficial where persons are afflicted with biles, or other eruptions. Al-

so where ulcers and sores of any kind are of ill quality, and indisposed to heal.

### ITCH AND HERPES, ERUPTIONS OF A SPREADING CHARACTER.

Take two parts tallow and one part gum, obtained from a wounded gum tree; rub them well together on the palm of the hand with the blade of a case knife, until perfectly mixed.

Of this composition rub into the part where the itch or the herpes appear, before a fire, three or four days in succession, once each day. If this be well done, the affection will dry up and totally disappear.

### BURN SALVE.

As burns and scalds very often take place in families, but most especially among children, therefore as a domestic and ready remedy, and one that may be relied upon, I advise the following:

Cut or slice onions, and for want of onions, leeks, or any of the onion varieties will answer, and slowly fry them in common hogs lard until they are entirely crisped, then remove them out of the fat and vessel you fry in, and add to the fat, of rosin (common stiff turpentine, such as is found where pine trees have been chipped) enough to give consistence and firmness to the fat, to prevent it all running through a cloth that it is spread upon. Heat the fat and turpentine together gently until the turpentine ceases to spit, then strain through a cloth. Apply to a burned or scald place, a plaster of this salve, two or three times a day, every day, and it will soon be well.

I have known burns of long standing, which by bad treatment had gotten to be intractable and ill

conditioned, by applying two or three plasters of this salve, throw off consistent and healthy pus, begin to heal, and soon be well. Applied immediately after the accident has happened, it will prevent inflammation; and a superficial burn or scald will be entirely well in a few days.

This remedy seems a poor *homespun* article, I confess, but I would not lay it aside for the best remedy we keep in our medical shops. I would advise families to keep it ready made by them. It will keep good for years.

### SNAKE BITES.

In the latitude within which I am acquainted (between 36 and 32 degrees,) we have only a small variety of poisonous snakes which abound much. We have the pied rattle snake, and rattle snake's pilot, (commonly so called;) several species of poisonous watersnakes, and the copper belly, quite a fierce and poisonous snake. There is besides these once in a long while, a horn snake found, but these are so rare, that the majority of people do not even know them. There may possibly be some other poisonous snakes, but if there are, they are not esteemed an object of danger among the people. But we generally kill all kinds of snakes we find.

My practice has often afforded me patients bitten by rattle snakes. For several years, I gave in snake bites, the volatile spirit of heartshorn alone, in half table spoon full doses, mixed with about two table spoon fulls of common water, repeated every half hour at first, until the effect of the poison became sensibly countervailed; from then on, seldomer—say, at two and three hours intervals, until the system was entirely restored to its usual state of health.

But observing much pain and affection of the nervous system, with my patients, (for the poison would be absorbed and circulated throughout the body, before I could arrive,) I added equal quantities of laudanum and volatile spirit of hartshorn, and then gave fully two tea spoon fulls of that mixture, in two table spoon fulls of common water. After adding the laudanum to the hartshorn, two or three doses generally overcame all difficulty. This is much the best remedy I ever used, as being very speedy to ease the pain and quiet the nerves.

I would recommend as soon as possible after the bite of a poisonous snake is received, to give the person bitten, two tea spoon fulls of equal quantities of laudanum and spirit of hartshorn, in two table spoon fulls of cold water, and if in half an hour no relief of pain is obtained, or not satisfactorily much, repeat the same quantity, at first every half hour, but by and by every two or three hours, until the pain and nervous twitchings are all subsided, and the person may be said to be well. According to the quantity of poisonous absorption into the circulation, will have to be the amount of antidote, fully to countervail the poison.

This treatment will be suited as a remedy to counteract the effect of the bite of all poisonous snakes. There is a small shining black spider, with a round bullet like hinder appendage. This lump is large compared with the size of the spider, and has a red point upon the top of that bundle. The bite of this spider is very poisonous. And when the poison becomes absorbed, I am authorized to say from what I have seen, it has a much more sensible effect upon the nervous system than any snake bite I ever saw.



The composition recommended above for snake bites, is a sure and speedy remedy in cases of bites from this kind of spider, and probably of all other spiders.

### SORE EYES.

Inflammatory sore eyes, is an affection that is both painful and very troublesome, not bearing either wind or strong light.

The free and frequent application of fresh or cold water to eyes that are inflamed, is about as useful an application as can well be made to eyes in that state. But a dose of epsom salts occasionally at this period will help much. And after the action and inflammatory stage is somewhat past, which will usually be in five or six days, then prepare the following for eye-water :

Take two parts of the inner bark of maple, and one part inner bark of young white-oak ; boil the two together until the strength of the bark is pretty well extracted, then immediately strain through cloth. Let the eyes be frequently wet with this astringent water through the day. The eyes must be wet both inside and out. This water is strengthening to weak eyes from any cause.

### CLYSTER PILLS.

At an early period of my practice of medicine I obtained from an old lady, a knowledge of preparing what she termed "Clyster pills," which I afterwards very often applied to. They come usefully to the aid of a man in practice, happening to be unprovided with an instrument, and are very convenient and beneficial in families. They are thus prepared :

Take a table spoon full of honey, or for want of

honey take the same quantity of sugar, and some less than a table spoon full of fine table salt. Simmer the two articles together in an iron vessel, over a coal fire, in a spoon full or two of hog's lard, until the mass becomes perfectly hard, as soon as it gets cold. Then take a portion out of the pot, and while it is cooling, pertly roll and shape it with your fingers. Each roll or pill ought to be about an inch and a half in length, and about as thick as a stout pipe stem, bluntly pointed, and tapering from the middle towards each end, and every part smooth.

*To Use Them.*—One of them is oiled, and then introduced. They will be found quite active, and should never be made use of when there is reason to believe the bowels to be unusually dry and costive. A person of some strength and in his right mind, can make use of one on himself. These pills are very fit to be used after several liquid injections have been premised without effect.

### A TONIC FOR CHILDREN.

Children, as soon as they are weaned, are liable to become feeble, their flesh will become soft and lank, their countenance pale, and features shrunk, the appetite will fail, &c.

Give a child in this condition, according to age, from a half to a little rounding tea spoon full of the rust of iron, prepared as found in medical shops.—Mix the iron with a little brown sugar, and a child will take it very kindly. Give such a dose every morning before breakfast, during four or five days, and you will see your pale, puny child, quite restored in health, and even look a little ruddy, be quite pert, and eat again with good appetite.

It is said, and I believe it true, that iron freely administered will entirely expel worms from children, by establishing the tone of the bowels.

This preparation of medicine is equally applicable to grown persons as to children, to persons of all ages, when their blood becomes too poor and thin, and their usual energy has left them.

All that is necessary in preparing the system to take this medicine properly is, to see to it that the recipient is not at the time costive. If taken while costive, it will produce distress in the system that is difficult to describe. This medicine is every way quite innoxious.

All heads of families had best buy from a convenient apothecary a pound or two, according to the number in family, of the rust of iron. It comes quite low, notwithstanding it is valuable.

### TO REMOVE WARTS.

Warts are excrescences that often come in places and parts of the body that render them a very serious inconvenience, whereupon it is desirable to have them removed, and in the gentlest way we can.

*To remove Warts of any kind.*—Dissolve about a rounding table spoon full of sal ammoniac, in coarse powder, such as it will form by cutting with a knife, off of a cake, or solid concrete mass, as it usually is bought in, in half a pint of water. As soon as it is dissolved, it is fit for use. Let the wart or warts be frequently wet with that solution through the day, rubbing it on them freely with a finger each time, and in a few days the wart or warts will disappear.

Another method of removing warts with the same article, is this: Let the person who wishes to re-

move warts, keep a piece of crude sal ammoniac in his pocket, and occasionally wet the wart, and then rub the wet wart with the piece of ammoniacal salt; this is perhaps the more certain method.

### WHITLOW OR BONE FELON.

Whitlows, of all the diseases man is heir to, are perhaps the most painful. Nothing, probably, *can be* more painful. The disease originates from the bone. Many methods have been devised for relief from it, but with what success I will not pretend to say. But the solution of crude sal ammoniac, prepared as directed above, for the removal of warts, applied, will break up the inflammation and stop the progress of such a case, and add no pain.

Prepare two pints of the solution of crude sal ammoniac, then lay bare the limb on which the disease is fastened, and hold it over a wide-mouthed vessel, say a bowl, containing half the solution, and with a table spoon lift of the solution and pour it on the affected part, cold. Keep on doing so until the solution now used is getting warm, then remove that, and in warm weather set it in fresh water; in cold weather the atmosphere will soon cool it. And now make use of the other half, as of the first. Continue to use and to cool the two parcels of the solution, as now directed, until the throbbing and pain cease. But the throbbing and pain will after a while return again, then repeat the bathing again as before. After the first two or three times subduing the heat, pain and throbbing, they will not return again in any considerable degree of violence. And now only keep a two fold cloth around the affected part, wet with the same cold solution. The cloth that is around the affected limb ought to be kept constant-



ly wet with the same, and not suffered to be dry for several days; by this time the wound, if the wound is open, will shew signs of healing. Then dress it as other sores.

The solution may be applied even after such a rising is open. It will even then abstract the anguish that still much attends such places, and dispose it to feel more kindly and start it to heal.

### LEPROSY.

Persons are sometimes liable to be attacked with an efflorescence in patches, or irregular spots on the surface anywhere, usually of yellowish appearance. The part affected will be very slightly elevated, and considerably itching. But the most sensible and troublesome effect from this disorder is, a tingling darting, slightly painful on the part effected. After continuing for an undefined length of time in one place, it seems to have exhausted its virulency on that part, which now becomes more pale and slightly scaly, in some days entirely disappears, or nearly so; but the affection now attacks and seats itself on others. Persons afflicted with this efflorescence, feel themselves unwell, not sick, and can scarcely describe their disorder. It is attended with general debility and listlessness.

The cure of this affection consists of a strong solution of borax in vinegar; say a heaping table spoon full of borax dissolved in a pint of vinegar. Bathe and rub well the affected spots or patches with this solution. They will soon disappear, but will return again; then the bathing and friction must be repeated every time and on every part of the body these spots make their appearance. In continuance of time they will finally cease to appear.

## NEURALGIA.

Neuralgia is a painful local nervous affection, often more or less paroxysmal ; these paroxysms partaking much of intermittent fever in their accessions and intermissions of the pain attending it, in so far, that after the pain has raged for a time (longer in some cases than others) there will succeed an entire freedom from all pain, and the general health seem as good as usual. But usually there will in this affection be several exacerbations of pain during every twenty-four hours. All parts of the body are liable to be the seat of this affection, but the face and head more than other parts.

This disease has not been scientifically and systematically attended to, until within the last sixty or seventy years, and since then even, for a good many years, it remained very much neglected by our first class of medical men, until quite of late. But even now, the true nature of the nervous derangement, producing the pain, is not believed to be certainly understood. That the pain is occasioned by a mere local derangement affecting the nerves of a portion of the body of the subject laboring under this disease, is now, however, I believe universally taken for granted, by the latest writers.

The pathology of this disease being so imperfectly understood as now stated, it is only reasonable to suppose that the efforts to remove it would be various, and often unsatisfactory and abortive. And that is unfortunately very much the case in treating this disorder, which I hope will be an apology for my giving publicity to the apparently simple treatment hereunto subjoined, which I have, however,

often *known* to be remarkably effectual in subduing that very distressing and painful disease.

### TREATMENT.

Take the white of an egg, (or of eggs, according to the extent of the affection,) and well mix with it fine table salt, as much as the white of the egg will wet perfectly, so as to form a kind of plaster; then spread it on a cloth, moderately thick, and apply that over the affected part, cold; this must be repeated several times, to effect a permanent cure.

I have never used this remedy only in cases wherein the pain was in some part of the face, or in cases wherein the painful affection occupied a part, and in one case all the scalp. In all the cases that I have applied it, it proved effectual in removing the pain, and that very soon. I see no good reason why it should not act sanatively, if the pain were located in other superficial parts of the body.

### DYSENTERY, OR BLOODY FLUX.

Persons are often troubled with dysentery which, as all know, is a painful affection and contortion of the bowels, attended with more or less fever. If such an attack is suffered to go on a day or two unchecked, the intestinal mucus will soon be abraded, and the person will begin to void blood. But first and last, it is a most painful and prostrating disease. As a speedy and certain remedy, I have seen proper to hand to the public the subjoined convenient formula.

Take balsam copaiva, one part; saturated solution gum Arabic, two parts; saturated solution bicarbonate of soda, two parts; mix. An adult may take a tea spoon full, in elm tea, every half hour, or every hour, until the griping pain ceases.

About six hours afterwards, the patient ought to take a dose of castor oil.

### INFLAMMATORY SORE EYES.

Dissolve a piece of coperas, the size of a small nutmeg, in an ounce vial (two table spoon fulls) of water, and apply by dropping it in the eyes, just as the person retires to bed. It will excite no pain.

N. B. This, as all other eyewater, should be carefully strained through fine, compact cloth; or, what is still better, filtered through porous paper.

### EYEWATER OF OTHER INGREDIENTS.

I have often known inflamed sore eyes receive no benefit from a remedial composition, which, in other apparently similar cases, performed admirably well; wherefore I think proper here to propose a small variety of antiphlogistic colliria.

Take a tea spoon full white vitriol (sulph. tinc.;) the same of each, loaf sugar and common salt; dissolve all in a pint of distilled or rain water, and apply by frequently dropping of the solution into the eyes.

### SORES OF ILLEST CONDITION.

Injuries, bruises, and fractures of the skin, and often both skin and flesh, are either entirely neglected while the time and circumstances were favorable to heal them, or were so injuriously and badly treated as not to heal in due time. And thus such casualties become habitual and constitutional ulcers, now obstinate and difficult to control. Such sometimes cleave to persons all through subsequent life.

As a good remedy in such cases, I would recommend the subjoined preparation.

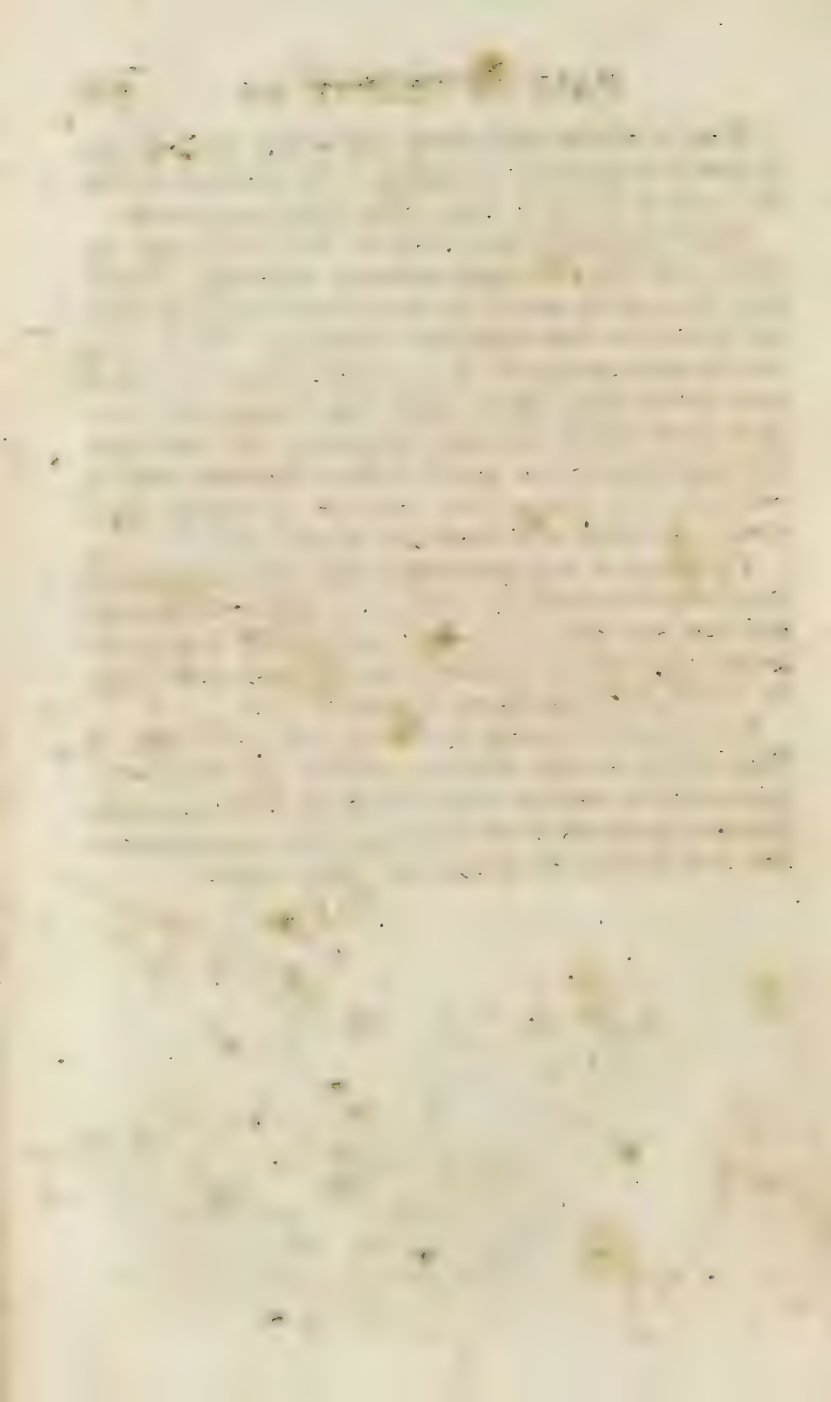


Fuse in a ladle some lead, and while melted, stir in hastily a quantity of sulphur ; let it remain on the fire until it ceases to blaze, then finely pulverize.

Apply by sprinkling a little of this powder on the sore ; and over this apply ordinary dressings. Probably as good an article as any for the covering plaster, would be the basilicon ointment. This ointment is thus prepared : In a country where the pitch pine grows, take three parts box turpentine, two parts beef tallow, one part beeswax, and one part hog's lard ; melt and gently boil all together until it ceases to spit, then strain through a coarse, open cloth. It must be stirred until it is cool.

For want of box turpentine, take five parts resin, (the common hard, dry rosin,) one part beef tallow, and one part hog's lard ; melt and slowly boil all together until all are perfectly melted and hot ; then let it cool, still stirring as it cools.

It is generally unsafe to dry up and heal one of these ulcers of long standing without providing a vicarious drain, such as small bleedings often repeated, frequent drains from the bowels, observing an active life, and dieting less generously than usual.



# MEDICAL MIRROR.

THE END OF THE WORLD



## TO THE READER.

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In making out the following translation from the original German text, of the *mysterious science*, that enables *some men* to tell with such *astonishing* and *unerring accuracy*, all diseases incident to "frail humanity," simply by what they can see in the fluid secreted by the kidneys, I have endeavored to be as literal as the idiom of each language would allow. In some very few instances, I was compelled to give the sense or meaning only. But in no one case was the instruction intended to be conveyed, changed or failed of being correctly represented. In many places, however, the physiological reasoning is old, very poor, and entirely erroneous.

This way of judging diseases is certainly an old way—and it may, perhaps, be possible that it is a "good old way." I will not now say that it is not, but will assert here, that I believe it obtains more general credit than it is really entitled to. The practitioners may possibly not be alone at fault in this. It is not my business to be the guardian of mankind. If I were, I would now say to everybody, *be a little careful*, or you may have a low trick passed off upon you by some of these water men.

I do not hold myself as possessing any practical skill in judging diseases by the indications that may possibly, by an exercised person, be observed in urine. Still, notwithstanding my personal ignorance of these mysteries, I am willing to grant, that it may be possible for urine to give some kind of

indications of diseased portions of the human body. And it is a fact well known to all medical men of some years' practice, that it is often difficult, and especially so in old chronic affections, to decide satisfactorily what particular part of the system is the seat of derangement, and what condition the deranged viscus or structure then really is in. Now, it may be, that in such deep seated and hidden affections, the secretions of the kidneys would aid a medical man in finding the true seat and real state of the disease. Any pretensions to skill, thorough enough, only by what can be seen in the urine, to administer medicine upon, in all kinds of diseases, I reprobate, and cannot induce myself to believe strictly candid, or unmixedly honest.

In publishing the following directions, by which men pretend to judge diseases from what they profess to see in urine, it is not my wish or design to derogate from that old superannuated practice, although in the way it is now conducted, I esteem it trifling with the life of a fellow man. If the rules are good and their result sure, they ought not to be kept so hidden, but ought to go abroad, that many may know and enjoy the benefit of them. *The mind has great influence over the body.*

# MEDICAL MIRROR.

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## SIX RULES BY WHICH TO JUDGE URINE.

1st. Before the physician examines the urine, he must put it into a clear pellucid glass, the inside of which ought to be round at the bottom.

2d. Urine must not be examined in a place where the sun shines brightly beyond the urinal, nor yet at a dark place, and the person must be careful and not hold the glass too far from him when examining urine.

3d. Urine ought to be fresh, and drawn in the morning, otherwise the color will become assimilated to the nourishment made use of.

4th. If you receive urine fresh drawn, then observe first whether it is clear or opaque; then let it stand covered in order to see whether the color will change or not; because some urine is voided beautiful and clear, but on standing a while will become turbid and opaque; other some is voided muddy and opaque and by standing will become clear; some will remain as voided—some curdles, and when this is put into warm water a while, will become clear again—this kind of water is difficult to judge.

5th. Before you examine urine, enquire and ascertain the age of the person whose water you are called upon to judge, because the color

and appearance of urine changes with the age of a person, to wit, the urine of an infant at the mother's breast ought to be more or less milk-colored. As a general rule the excretions are always more or less assimilated to, or influenced by the food a person partakes of, in its color, as well as age. Children's water is generally somewhat opaque, and quite fine and clear; that of young persons is yellowish and subtile; old person's urine is clear and subtile, or quite fluid.

6th. Before you judge the water it is necessary for you to enquire how the person has deported himself with regard to dieting and drinking, as also other not natural or usual deportments; because according to the orderly or disorderliness in these things, will the secretions be—for example: saffron will color the urine—after eating lettuce for dinner the urine will be green next morning—if the person has eaten unusually much, the color of the water will be unusual—if the person has had a great fit of anger, if he has labored hard, or if he has been in a bath, any one of these now enumerated agents exerts an influence on the urinary secretions. And now if you well comprehend all these statements and cautions, you may judge water accurately.

### ON THE COLOR OF URINE.

Notwithstanding urine has only two colors—white and black—yet the varieties of color have been divided into twenty different shades.

The first, black as ink; the second, black as a horn, the third gray as lead—indicate excessive heat of the viscera, and burnt moisture.

The following four colors indicate excessive activity in the digestive apparatus; first, white as wa-



ter ; second, white as transparent horn ; third, white as milk ; fourth, white as camels' hair.

The following two colors indicate a mediocrity of digestion:—pale as flesh water—pale as liquor in which meat is half cooked.

These two indicate perfection in the process of digestion—of course perfect health:—first, yellow, like pretty putty ; second, yellow as a pale ripe apple.

The following two colors indicate a beginning digestion:—1st. red, similar to pale gold ; 2d, red like beautiful gold.

The following three indicate imperfect digestion—dyspepsia:—1st, red like pale safron ; 2d, red like ripe safron ; 3d, red like blaze of fire—these three indicate a decline of vital energy, and deficiency of assimilation:—1st, liver color ; 2d, as thick red wine ; 3d, green as cabbage juice.

### CONCERNING BLACK URINE.

The black color of urine exists in consequence of over driven and a super carbonate condition of the blood—it exists also in consequence of a decline of vital vigor and energy of the system. Also, in consequence of a combination of several black materials of the blood. Mark well the eight following rules :

1st. Black urine containing much black matter at the bottom, attending high and strong fever, indicates severe pain in the head, and derangement of intellect.

2d. Black urine, accompanied with a strong smell, indicates great heat in the chest and lungs, and generally death.

3d. Urine that is voided gray, but afterwards becomes black, is an index of death, because it denotes

an all-pervading cold, preceded by universal excess of heat.

4th. Urine that is black, and is voided by drops, indicates death.

5th. Urine from a female, that is black at the bottom and clear at the top, indicates that she has upon her an unnatural flux of her monthly disease.

6th. Black urine at the beginning of a fever, and which remains black until the seventh day, indicates a recovery of the sick one.

7th. Black urine in a quartan ague and fever, indicates recovery.

8th. Black urine in a fever, wherein the sick sweats about the head, neck or back, is an evidence that death may not be far off.

### OF LEAD COLORED URINE.

1st. All urine that is truly lead colored, indicates death.

2d. Lead colored urine inclining to blackish, but which was green at first, indicates death.

3d. Lead color in the upper part of urine, indicates epilepsy together with other heavy afflictions of the head and brain.

4th. Urine that is partly lead colored after it has stood a while, betokens a general dropsical state of the system.

5th. Lead colored urine that contains many granules and small seeming bladders, indicates empyema, or phthisis pulmonalis.

6th. Lead colored urine, and of which there is but little voided and oily, indicates a universal wasting of the substance of the body.

7th. Lead colored urine, of which there is but little passes, and yet often urged to void it, indicates great cold and obstruction in the bladder.

8th. Lead colored urine in the disease called phthisis pulmonalis, (but in Germany "Ice of the lungs,") indicates death.

9th. Lead colored urine, in which many fragments like small splinters appear, indicates great pain and distress in the loins.

20th. Lead colored urine in phrenitis, indicates death.

### OF GREEN URINE.

1st. Green urine in a strong fever, indicates death.

2d. Green urine from a child, indicates cramp, and a superabounding of cold humor in the brain.

3d. Green urine which has small clouds near the bottom, and such person complains of pains in the region of the stomach, indicates that the person has swallowed poison.

4th. Green urine with a green circle, in the disease phrenitis, indicates death.

### CONCERNING WHITE URINE.

1st. White (colourless) urine, which may exist from a great variety of causes, as, from excess of natural heat—from a separation of the usual humors—decline of constitutional power—and from torpidity of the secernents, as in old age.

2d. Pure white urine indicates obstruction of the spleen—pale countenance—low spiritedness and melancholy.

3d. White urine with a pale colored circle, indicates obstruction of the brain and liability to epilepsy.

4th. White and slimy urine, indicates a surcharge of course unassimilated fluid in the blood.

5th. White urine, partly lead colored, and contains pus, indicates a bileish state of the kidneys, and diseased state of the ureters.

6th. Beautiful white urine, a little inclined to lead color, indicates stone in the kidneys and bladder—if you would wish to know whether the stone is in the bladder or in the kidneys, then observe on the bottom of the glass you will find sand, if that is red, the stone is in the kidneys, but if white, it is in the bladder.

7th. Thick, white and fatish urine, denotes consumption.

### OF RED URINE.

Red urine generally denotes heat and fever, but not always, because it happens not unfrequently that in sickness, attended with a low and cold state of the system, the urine will be found quite red.

### CAUSE OF RED URINE.

Urine becomes red in low sickness attended with a cold state of the system, as obstructions formed among the membranes composing the gall bladder and the intestines, by cold phlegmatic humor, which humor obstructs the progress of the red portion of the blood, and so that part is forced to the kidneys, which tinges the urine red.

1st. Red urine that remains red, in disease of the loins, denotes inflammation and biles there.

2d. Urine that is red at first and remains so, not settling at the bottom, in an active high fever, indicates death.

3d. Red and turbid urine, indicates inflammation and biles on the liver.

4th. Oil colored red urine that looks soft and smells ill, indicates death.

5th. Urine that is voided red but presently becomes lead colored, indicates pain in the breast and consumption, or a tendency to it.



6th. Red urine, intermixed with blackishness, indicates great liver disease.

7th. Urine of the color of a rose, indicates a tendency to Saint Vitus' dance.

8th. Red urine that is thick and if the urinal is shook, will tinge the vital yellow like safron, indicates that the person has the jaundice.

Thus you have the rules by which you may judge, guided by the most usual colors, and by which you may correctly judge all other colors, having due reference to the foregoing exhibition.

#### OF THINGS THAT ARE OFTEN FOUND IN URINE.

1st. *Of the circle*—A circle is nothing else than the upper part of the urine, and indicates the condition of the head and state of the brain.

2d. A thick and coarse circle indicates a derangement in the hinder part of the head, occasioned by obstruction of the circulation there.

3d. A circle viol colored, and coarse in its substance, indicates derangement inside the cranium, from too great afflux of blood.

4th. A circle of pale color, and subtile in its structure, indicates that the head is diseased on the left side, from melancholic fumes.

5th. A yellow circle, and of subtile structure, indicates that the head is deranged from a bilious state of the system.

6th. A circle lead colored and of thick substance, indicates epilepsy; for such a circle indicates a great derangement of the circulation of the brain.

7th. A circle of a green color and subtile, in a high fever, indicates phrenitis.

8th. A circle that quavers, indicates the stroke and flux from the head, called catarrh.

## OF FOAM IN URINE.

In case foaming urine is presented to you, it will be necessary to let it stand quietly a while, to ascertain whether foam is raised by great previous agitation.

1st. Now, if foam is found in the urine, and remains after standing, and is large, and the urine looks coarse withal, and clear, you may judge a surfeit of the stomach, and indigestion, with more or less colic pains.

2d. Subtile foam upon the urine, and that looks pleasantly, indicates heat of the liver, heart, lungs, and all the breast generally.

3d. Black foam on urine, which foam is scattering, indicates the black jaundice, called *icterus niger*. This form of jaundice exists or takes place in consequence of obstruction formed and existing between the liver and spleen, in consequence of which the more sluggish and melancholic part of the blood cannot pass off to the spleen, and therefore is repelled and thrown upon the kidneys.

4th. Green foam or yellow, much divided, indicates inflammation on the liver, and pains under the ribs of the right side.

## RESPECTING BLOOD IN URINE.

It sometimes happens that there is blood in the urine, and that is either pure or mixed.

1st. Blood in urine that is coarse and clotted, and has an unusually strong smell, and is voided with pain, indicates that the blood proceeds from the bladder.

2d. If there is clotted blood that falls to the bottom, indicates that the water is from a female under the influence of her flux.

3d. Blood in urine that is not clotted, and lies black at the bottom, indicates that the blood proceeds from the kidneys.

4th. Pure blood in urine, similar to what flows from a fresh wound, with pain in the back, indicates that the flow of blood is from the celiac vein.

5th. Pure blood in urine, with pain and stitches in the right side, indicates that the blood flows from the liver.

### RESPECTING SAND IN URINE.

1st. Red hard sand in urine, with pain in the back, denotes a stone in the loins.

2d. Hard red sand in urine, with variable pain in the loins, indicates that the stone in the loins is broken and divided.

3d. Hard white sand in urine, that immediately falls to the bottom, and is painful in voiding, indicates a stone in the bladder.

4th. Red soft sand of the urine in a fever, indicates burnt moisture of the blood.

5th. Red sand in urine without fever and pain in the loins, indicates heat in the liver and kidneys.

### OF SMALL LUMPS OR BUBBLES IN THE URINE.

It often so happens that after shaking urine, one may see small lumps, grains or bubbles on the top, but which is not foam.

1st. If a person sees a large blubber on the urine, or if there are many small ones, betoken that the crisis is yet far ahead, and the recovery will be slow.

2d. A large bubble on the urine, which, when the urinal or glass is turned to one side, immediately falls down to the turned down side of the glass, is a certain indication of much wind in the bowels, from which great pain is occasioned there.

3d. A large bubble on urine indicates pain of the stomach and small intestines, from coarse damp and wind there.

### ON SMALL GRAIN-LIKE SUBSTANCES IN URINE.

1st. Small granulous substances seen about the upper part of urine indicate a flux from the head.

2d. Granulous substances observed about the middle of the urine, indicate a disease of the head having become translated or fallen from the head down on the breast and the limbs generally.

### OF CLOUDS IN URINE.

1st. A lead colored cloud in urine, that occupies the lower part of the urinal, indicates consumption, and the fever called ethica or hectic.

2d. Cloudy urine with foam that is yellow or green, indicates great heat of the liver, from an overflow of bilious moisture.

### OF HAIR IN URINE.

Sometimes a person may see something like bunches of hair in urine. These little locks of hair sometimes seem coarser, sometimes finer; sometimes larger and sometimes smaller; sometimes more, sometimes fewer in a bunch.

1st. Red or yellow bunches of hair in urine, indicate superabounding heat of the veins.



2d. Bunches of hair in urine that looks fatish, indicates a melting of the kidneys.

3d. Small flakes of hair in urine that seem coarse, and on agitating the glass disappear, indicate obstruction of the kidneys from coarse, tough humor.

4th. Locks of hair in urine, if the color of the urine is that of oil, evidences a universal decline, called phthisis pulmonalis.

### OF SCALES IN URINE.

1st. If scales appear in urine, and the subject be clear or free from fever, it indicates neglect and filthiness of the hide or covering.

2d. If scales are present in the urine, and the person complains of difficulty and pain in voiding his water, it indicates that there is impurity in the bladder.

### OF BRANNY MATTER IN THE URINE.

It often happens that one sees a branny matter at the bottom in urine.

1st. When a branny urine is from a female, it indicates that her womb is diseased by superabounding moisture, and that she is subject to fluor albus.

2d. Bran in the urine, and the urine of an ill smell, indicates biles in the bladder, and a stone therein.

3d. Branny urine usually attends the fever accompanying consumption.

### OF MATTER LIKE DUST IN URINE.

1st. If you see much small dust in or near the bottom of the urinal, you may judge much pain and wo in the limbs, like gout.

2d. If such dust appears about the middle of the urine, it indicates a heavy breath, and diseased state of the lungs.

3d. Urine that is clear, with a cloud in it, in which cloud dust appears, which alternately rises and falls like dust in the sun, indicates that the person is pregnant.

### OF COARSE MATTER IN URINE.

1st. If you see urine containing large particles of matter near the bottom, and seemingly attached to each other, then you may judge that a woman has an obstruction of her disorder.

2d. If you observe dusty matter at the bottom and that matter black, it indicates that the monthly flux of the woman has taken place.

3d. If you see such dusty matter adhering together on the bottom, of a gray color, then judge a diseased spleen.

### OF PUS OR CORRUPTION IN URINE.

1st. Urine that has but little pus in it, indicates biles in the kidneys.

2d. Urine that has much corruption in and smells bad, indicates biles of the bladder; but if the urine comes from a female, it indicates biles of the womb.

3d. Corruption in the urine, with pain under the ribs of the right side, indicates biles upon the liver.

4th. If there is corruption in urine of a person who spits up corruption, and is laboring under disease of the breast, indicates a return to health.

### OF MATTER WHICH APPEARS AT THE BOTTOM LIKE A FOG.

1st. A gray unequal cloudiness on the bottom of the urinal, indicates that the sickness is disobedi-

ent and untractable, and will not readily yield to treatment.

2d. If the fog on the bottom is lead colored, it indicates a decline of constitutional vigor and vital energy and death.

3d. A black fog on the bottom of the glass, indicates death.

4th. A fog that is divided into many portions, indicates great tormina, or gripings of the bowels.

5th. A fog at the bottom of urine that looks soft and is equal all over, and flat at the bottom and pointed at the top, and withal is of usual healthy color, you may judge to be the urine of a person in health.

### OF CRUDE HUMORS IN URINE.

1st. Urine in which appear raw undigested humors, in the upper part of the urine, indicate sickness of the breast, and difficult breathing.

2d. Urine in which swims in the middle, a rough raw looking moisture, indicates pain in the stomach and intestines, from cold and wind there.

3d. Raw moisture in the under part of the urine, indicates biles of the kidneys, loins, &c. In dropsy the urine is cloud-colored, and the alvine evacuations slimy.

## ON BLOOD-LETTING.

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FOR WHAT DISEASE EACH VEIN IS GOOD TO DRAW BLOOD  
FROM TO REMOVE THAT DISEASE.

The vein in the middle of the forehead is good to bleed from, to remove sore-eyes—even the worst form. Bleeding from that vein is also good to remove head-ache—is good to remove strange imaginations and wild thoughts—is further good against pride and unthinkishness, and restores again the disordered brain.

The veins behind the ears are good to bleed from to strengthen the memory, to cleanse the face of freckles and pustules, and to remove the humors from the head and teeth.

The veins in the back of the neck are good to bleed from for the head ache, and the distraction of the mind, and perfect insanity which takes place in consequence of disease of the head and brain and for all *wonderments* proceeding from the brain.

### WITH REGARD TO WOMEN.

Two veins inside and under the ankle bone of each foot, are good to bleed from in female subjects, soon after birth, because it purifies the matrix.

The veins under the outer ankle are good to bleed from in cases of kidney affections, and diseases of the bladder, also if one cannot void the urine.



## WHAT TO JUDGE OF DRAWN BLOOD.

1st. Pretty, red blood, covered over at top with water, indicates good health.

2d. Red and foaming, much blood.

3d. Red blood with a black ring denotes poison.

4th. black, frothy, or purulent blood, indicates an ill state of the general humors.

5th. Blue blood indicates diseased spleen, and melancholy.

6th. Green blood, pain and disease about the heart, or heat of the gall bladder.

7th. Yellow blood, derangement of the gall bladder.

8th. Watery blood indicates a weak liver.

9th. Thick, hard and tough blood, indicates obstruction and melancholia.



## GLOSSARY.

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**Abdomen.** That cavity of the trunk of a person next below the diaphragm.

**Abdominal viscera.** Consist of stomach, intestines, liver, spleen, &c.

**Abnormal.** Unhealthy, not natural and sound.

**Absorbent.** Vessels that take up lymph and extravasated blood.

**Addenda.** Things to be added.

**Afflux.** A more than usual determination of the blood to a certain point.

**Albuminous halitus.** Fluid secreted, resembling the white of an egg. Mucilaginous.

**Alvine action.** Action of the bowels.

**Analogically.** Comparing things with things.

**Anasarca.** Dropsical collection in the cellular tissue, commonly called "dropsy of the flesh."

**Anasarcous state.** Being dropsical in the cellular system.

**Aneurism.** An enlargement of an artery.

**Animal economy.** The way nature does her work in animals.

**Antispasmodic.** Medicine that relieves spasm.

**Antiphlogistic.** Cooling, opposed to fever and inflammation.

**Aorta.** The large artery that rises out of the heart.

**Apparatus.** Things necessary to accomplish an object.

**Apoplexy.** Sudden loss of sense and voluntary action, and often produces instant death.

**Arcana.** Hidden, deep and secret things.

**Arterial system.** Comprises all the blood vessels that carry the blood out from the heart.

**Ascites.** Dropsy of the abdomen.

**Assimilated.** Nourishment fitted to enter into the blood.

**Assimilation.** In the animal economy, it is the act of assimilating chyle to blood.

**Asthenic.** The system below healthy action.

**Asthma.** Spasmodic affection of the respiratory apparatus.

**Atony.** Deficiency of tone; enfeebled.

**Auricles.** Small elastic cavities, one on each side of the base of the heart, called "deaf ears."

**Auricular examination.** Examination made by the ears, or sense of hearing.

**Axillary.** Near the arm-pits.

**Bronchial tube.** The wind pipe.

**Cachexia.** An unhealthy habit of body.

**Canula.** A small tube.

**Capillary.** Small, hair-like bloodvessels.

**Cathartic.** A purge.

**Cellular tissue.** A fibrous membrane that pervades every part of the body.

**Centripetal.** Seeking the centre. Tending to the centre.

**Cerebral.** Of or belonging to the brain.

**Choleric.** One of the four temperaments; billious; irascible.

**Chronic.** Slow; low and of long continuance.

**Chylopoietic viscera.** All parts that contribute to the formation of chyle.

**Cohesion.** Parts contained in a cavity forming a union with each other, or with the surrounding parts.

**Collapse.** Shrinking, falling in.

**Colliria.** Eyewaters.

**Congestion.** An increased afflux of blood to any place.

**Constipation.** Great inaction of bowels; costiveness.

**Constriction.** Drawing or closing up together; making impervious.

**Cranial.** Belonging to the skull or brain.

**Cranium.** The skull.

**Critical evacuations.** May be sweat, diarrhœa, &c., tending for good.

**Cuticle.** Scarf skin, commonly called "the grain of the skin."

**Cuticular action.** Action of the pores of the skin.

**Cyst.** A membranous sack, formed by diseased action.

**Decarbonising.** Removing impurity and heat from the blood.

**Denuded.** Uncovered, made bare or naked.

**Development.** Laying open, exposing.

**Diagnosis, and Diagnostics.** Indications of disease drawn from the symptoms.

**Diastole.** The distension of the heart.

**Diathesis.** A tendency of the body either to sickness or to health.

**Diarrhœa.** A running through the bowels without much pain.

**Dictum.** The affirmation, word or declaration of a person.

**Diuresis.** Flow of urine.

**Diuretic.** Medicine calculated to increase the flow of urine.

**Drastic.** Severe, heavy, strong.

**Dropsy.** Is a deposit of fluid into a cavity, greater than is usual in health.

**Dura mater.** A membranous expanse next the skull, enveloping the brain.

**Dyspnœa.** A difficulty of breathing.

**Effusion.** Fluid deposited, or poured.



- Eliminating.** Raising up and taking away.
- Embryo.** A child in the womb.
- Embryotic state.** Imperfect, unripe state.
- Emulge.** To drain, empty or milk out.
- Emunctory.** Is an outlet or channel by which offensive matter is voided.
- Encysted dropsy.** Is a dropsy in which much of the fluid is contained in cysts, i. e. membranous sacks.
- Engorge.** Full, loaded.
- Epilepsy.** A nervous derangement; a sudden deprivation of sense of voluntary motion.
- Eructation.** Belching up wind.
- Etiology, or Aetiology.** Teaches the causes of diseases.
- Excretory vessels and Excretories.** The insensible pores, kidneys and a few others.
- Exhalation.** The act of drawing fluid from the circulating mass.
- Exhalents.** Are vessels that take up fluid from the blood, &c.
- Exciting cause.** The human system may be in an unhealthy state, but locate disease no where, until *something* takes place which will determine the unhealthiness to a certain point, and then that *something* becomes the *exciting cause*.
- Exsiccated.** Becoming more thick, more like dry.
- Extravasation.** Blood or other fluid forced out of its natural vessels.
- Faculty.** Refers to regularly inducted medical men.
- Fauces.** The inside of the mouth
- Feculent.** Worn out, foul, unfit to be retained.
- Flux.** Bowels more active than is suited for good health.
- Focus.** A spot or point.
- Fetus.** A child before birth.
- Function.** Office, faculty, power.
- Functional.** Relating to the acts of an organ.
- Gastric juice.** Acid juices of the stomach, promotive of digestion.
- Genera.** A term used in arranging and classifying diseases.
- Gestation.** The act of carrying a child in utero.
- Gland.** Commonly called "a kernel." The liver is a gland, consisting of a congeries of small glands.
- Glandular system.** The glands in the aggregate.
- Granular tubercles.** Tubercles of a granulous appearance.
- Gravid state.** The state of pregnancy.
- Halitus.** Subtle vapor.
- Hemoptic affection.** Is the being liable to bleed from the lungs.
- Hemoptysis.** The disease of bleeding from the lungs.
- Hectic flush.** A sympathetic flush of the cheeks, mostly under pulmonary disease.
- Hepatic.** Of the liver.

**Horizontal position.** Lying nearly at equal height throughout the body.

**Hydatits.** Clusters of water contained in cells.

**Hydatic.** Containing hydatits.

**Hydrocele.** Dropsy within the tunica vaginalis.

**Hydragogue.** Medicine which causes copious watery stools.

**Hydropic.** Having dropsy.

**Hydropic Compound.** A medical compound with which dropsy is cured.

**Hydrothorax.** Dropsy of the chest.

**Hydrothoracic Dropsy.** Dropsy of the chest.

**Hypertrophy.** Enlarged, thickened, full.

**Hypocondriac.** One of the four temperaments, melancholic, low spirited, retreated.

**Idiopathic.** Independent of any other disease.

**Idiosyncrasy.** Peculiarity of constitution.

**Impetus.** Force, power, impulse.

**Inanity.** Utter exhaustion, emptiness.

**Imbecile.** Feeble, either in body or in mind.

**Incipient.** First commencement, the beginning.

**Indications of cure.** Plans of medical treatment.

**Infiltration.** Gently passing from one body or vessel into another.

**Ingesta.** Food and things received into the stomach.

**Inguinal.** Of the groin.

**Insanity.** Loss of the right use of one's intellect.

**Insensible perspiration.** Worn out foul matter imperceptibly escaping through the skin.

**Integuments.** The surrounding flesh and skin of the abdomen, a covering.

**Intercostals,** Are the muscles or flesh between each two ribs.

**Interstitial.** Something coming between.

**Kidneys, action of the.** Produces urine.

**Kidneys.** Two glandular bodies, one on each side the backbone, in the lumbar region.

**Laboratory.** An establishment to effect chemical operations in

**Lacteals and Lacteal vessels,** Receive the nourishment from our food.

**Latent.** Hid, unobservable.

**Lesion.** A rent, a part destroyed.

**Lobes.** Different sections of the liver, also the two portions of the lungs and brain.

**Local.** In one place, different from general.

**Lumbar region.** Is generally called the loins, and small of the back.

**Malconformation.** Some part of the body not of usual healthy form.

**Membrane.** A fibrous expanse, pervading the whole body.

**Mercurial course.** Administering mercury until the gums or teeth are slightly affected.

**Messentary.** A fat membranous body, to which the intestines are tied.

- Metastasis.** A translation of disease from one part to another.
- Miasmatic localities.** Low marshy ground.
- Modus operandi.** The way a thing is done.
- Momentum.** Force, vigor.
- Morbid.** Diseased, unhealthy.
- Morbid phenomena.** A new state formed by disease.
- Mucilaginous.** Consisting much of mucilage, slimy.
- Muco-purulent.** Consisting partly of mucus and partly of pus.
- Mucus matter.** Such phlegm as usually attends a common cold.
- Muscle.** A body of flesh.
- Muscular.** Fleishy, sometimes also strength.
- Nervous system.** This phrase comprehends all the nerves of the body.
- Normally.** Healthily.
- Nosological.** Of or belonging to nosology.
- Nosology.** The science of distinguishing one disease from another.
- Nosologists.** Writers on nosology.
- Nucleus.** The seat or locality of a disease.
- Oedema.** Slight swellings of the feet and ankles.
- Omentum.** The caul, the web of fat that envelops the intestines.
- Organ.** Is an internal structure, as the lungs, the liver, &c.
- Organic.** Of or belonging to an organ.
- Organic lesion.** Destruction of a part of an organ, either by disease or accident.
- Ossification.** Grown bony--having become bone.
- Ovaria.** The instruments of female fecundity.
- Palsy.** A nervous disease, depriving some parts of sense and voluntary motion.
- Pancreas.** A fleshy glandular substance, commonly called "sweet bread."
- Papilla.** Small bodies, or points.
- Paralytic.** Of or belonging to palsy.
- Paralysis.** Palsy.
- Parieties.** The walls or surrounding parts of the abdomen and chest.
- Pathognomonic.** Is the unfolding of symptoms that are peculiar to a disease.
- Pathologists.** Theoretic writers on the diseases of the human body.
- Pathology.** The science of the diseased state of the human body.
- Patulous.** Open, free, relaxed.
- Paucity.** Fewness, scarcity.
- Pericardium.** The membranous sack enveloping the heart.
- Peripheral.** Of and belonging to the outside of any thing.
- Peritoneum.** A strong fine membrane that lines the cavity of the abdomen, and all its contents.
- Pectoral.** Of or belonging to the breast.

Pericardial dropsy. Dropsical collection inside the pericardium. Pericardian dropsy.

Phenomena. Strange things, and things to be wondered at.

Phlegmon. A bile, an ill conditioned inflammation.

Phlegmatic. One of the four temperaments. Dull, void of passion.

Phthisis. Pulmonary consumption.

Physiology. Teaches the operations carried on in the human body.

Physical. Corporeal, material.

Pia mater. An inner membrane of the skull, immediately enveloping the brain.

Pleura. The membrane that lines the chest, and its contents.

Post mortem. After death.

Potency. Efficacy, powerfulness.

Precursories. Symptoms or things going before.

Predisponent agent. Some principle or agency in the system that predisposes.

Premise. To send or make go before.

Primæ viæ. The stomach and intestines

Prognosticate. To tell the event beforehand.

Proximate cause. The hurried circulation of the blood, is the proximate cause of heat and fever, &c.

Pulmonary. Of or belonging to the lungs.

Pus. Matter, as of a ripe bile.

Pynexial excitement. Feverishness. Inflammatory excitement.

Reaccumulation. Fluid collecting again into a part or parts that had been emptied.

Recrementitious matter. Foul, impure matter.

Reinal. Of or belonging to the kidneys.

Relaxation. Unstrung, relaxed, softened.

Remedial. Possessing curative power.

Remote cause. Drinking alcohol is the remote cause of enebriation.

Repellant. Medicine and other treatment, whose tendency is to drive blood back.

Respiratory derangement. Unhealthy action of the respiratory apparatus.

Respiratory organs. The lungs, trachia, intercostals, &c.

Sanatively. Healthily.

Sanguine. One of the four temperaments. Hasty, ardent, sprightly, fickle, &c.

Scalpel. A small knife used in dissecting dead bodies.

Scirrhus. A hard indurated tumour.

Secerned. Fluid separated from the blood.

Sedative. Cooling, opposed to fever.

Secretion. The act of separating various fluids from the blood, as biles, saliva, &c.

Sensorial. Nervous influence.

Serous. Of the nature of serum.



- Serum.** The watery part of the blood.
- Setons.** Artificial running sores.
- Sexual Diseases.** Are such as originate from sexual peculiarities.
- Solids.** Embracing all parts of the body, except only the fluids.
- Sparse.** Scarce, not plenty.
- Sphacelous.** Foul, putrid, ulcerous.
- Spine.** The backbone.
- Spinal column.** The entire backbone.
- Spasmodically affected.** Constricted, tightened, cramped.
- Sputa.** Spittle, matter spit up.
- Stamina.** Constitutional force.
- Sthenic.** In a state of excitement, febrile.
- Stethoscope.** A small perforated piece of wood. To use it, one end is applied to the chest of a patient, and the other end to the ear, and thus the sound received are said to give reliable indication of the state of the heart and its appendages.
- Sternum.** The breast-bone.
- Stricture.** Tightness, sense of compression.
- Structural imperfection.** Not formed well, or by violence or disease become deranged.
- Structural lesion.** Part of a viscus being destroyed.
- Sub-acute.** Below acute, not active.
- Sub-inflammatory.** Inflammation of low degree.
- Sudorific.** Sweat, producing.
- Sui generis.** Of its own kind, peculiar to itself.
- Tuberculosis.** Pulmonary consumption.
- Tapping.** Is drawing off serum by puncturing a cavity and inserting a canula.
- Temperament.** Consists of four varieties, viz: Choleric, phlegmatic, sanguine and melancholic.
- Theorist.** One who writes on theory of diseases.
- Theory.** Shows the nature of disease.
- Therapeutic.** The doctrine of medicine and its application.
- Thoracic.** Of and relating to the breast.
- Thorax.** The chest.
- Tonicity.** Tone, tonic action.
- Tonic.** Medicine that imparts tone, as Peruvian bark, various preparations of iron, &c.
- Torpid.** Inactive, sluggish.
- Trachea.** Commonly called "the wind pipe."
- Transudation.** Sweating through.
- Trepanned.** A small piece of bone sawed out of the skull.
- Tubercles.** Small bodies formed in the lungs and sui, sometimes to be found elsewhere.
- Tubercular.** Having tubercles.
- Turgid.** Fullness, puffed up.
- Turgesence.** Fullness, struttingly full.
- Type.** The grade or character of a disease.
- Ultimatum.** The chief object to be desired or attained.
- Uterine.** Of and belonging to the womb.

Utero in. In the womb.

Uterus. The womb.

Valve. A membranous expanse, inside of blood vessels, to prevent a reflux of the blood.

Vascular. Embraces all the vessels of the body.

Venous blood. Blood returning in the veins to the heart.

Ventricles. Cavities so called, both in the brain and in the heart.

Vice versa. A. acts on B. and vice versa B. acts on A.

Virus. Force or impetus, rather in a bad than in a good sense.

Visatugo. Any promotive, impulsive power.

Viscus. An internal structure, as the liver, lungs, &c.

Vis medicatrix naturæ. The tendency in the system to restore lost health.

Vicarious action. One structure or organ performing the office of another.

Vital energies. Active principles of life.

Volume. Large, expansiveness.

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